

# 2024 West Coast Conference on Aging Pre-Conference Workshop

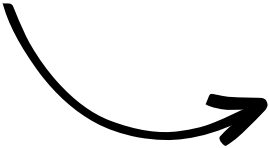
*Long-Term Care Quality Initiative  
(LTC-QI)*

*Bridging research and practice*



Welcome and Introduction	15 min
QI overview and intro to OSA	20 min
Setting goals and change ideas	20 min
<b>TEAM BREAK OUT</b> Set your goal & change ideas	30 min
Break	15 min
Developing measures	20 min
<b>TEAM BREAK OUT</b> Developing measures	30 min
<b>Present your project</b>	15 min
Wrap up	10 min

# OUTLINE OF TODAY



Page 3 in toolkit

# INTRODUCING OUR TEAM

Pages 4-5 in toolkit



**DON MCLEOD**  
CONSULTANT

BlueSkye Thinking Inc.



**HEATHER BARTLETT**  
PROJECT MANAGER



**DAN LEVITT**  
BC SENIORS ADVOCATE



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PROJECT MANAGER



**ANNIKA CHAMBERS**  
DATA ANALYST



**KIRSTEN ROSSITER**



**MICHELLE SMITH**



**AMANDA LEDDY**



**MATTHEW FAGAN**



**MONICA LEE**



# WHAT ARE RPLS?

*“Build a person-centered LTC learning community in BC, bridging research & practice”*

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## Managers/Directors of Care in LTC

- Translate research findings for use in practice and QI (e.g., toolkits, infographics, education, etc.)
- Engage with family councils & residents to contribute lived experience to research and QI
- Advocate for LTC home priorities in research
- Collaborate on opportunities to secure grants/funding
- Be a resource for research & QI in LTC

## Researchers

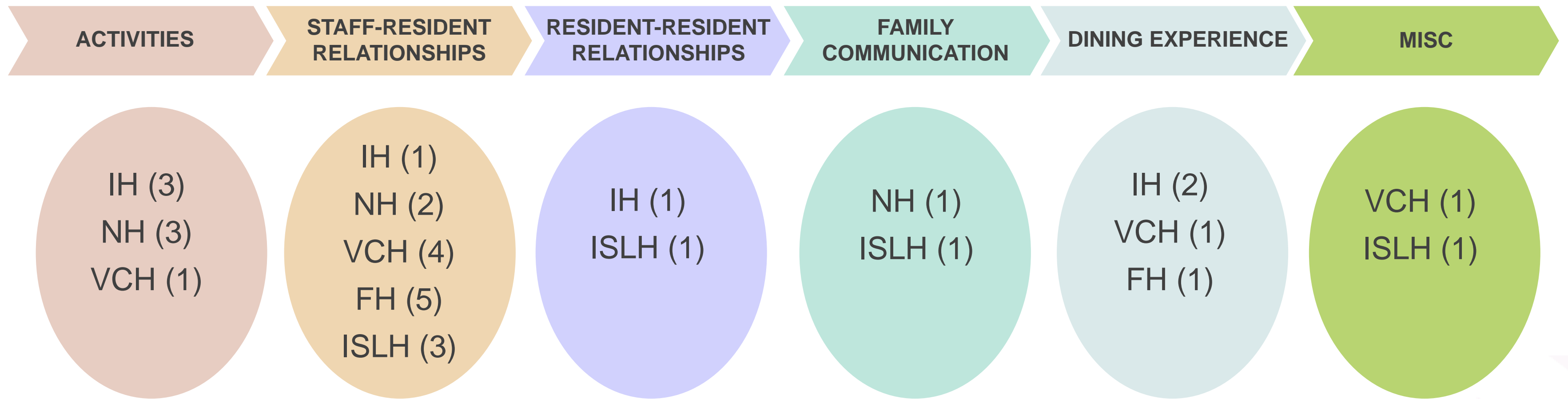
- Help navigate the research process within the Health Authority (i.e., operational approval)
- Build relationships with internal stakeholders (i.e., residents, family & staff) to foster, guide, & support the pursuit of research
- Collaborating on research opportunities
- Spread research evidence across the province, for application in practice

## Health Authority Staff

- Identify health authority research and QI priorities in LTC
- Consult on QI and research based initiatives
- Scale and spread of successful LTC research & QI projects
- Enhancing the use of evidence in practice through QI
- Assisting in the development of education/processes to help implement best practices



# BC INFORM- COHORT 2



**Total = 32 participating homes**



# PURPOSE OF TODAY

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**TO GAIN THE SKILLS NEEDED TO  
UNDERTAKE AND/OR LEAD A QUALITY  
IMPROVEMENT PROJECT THAT IS  
MEASURABLE, AND EVIDENCE BASED**

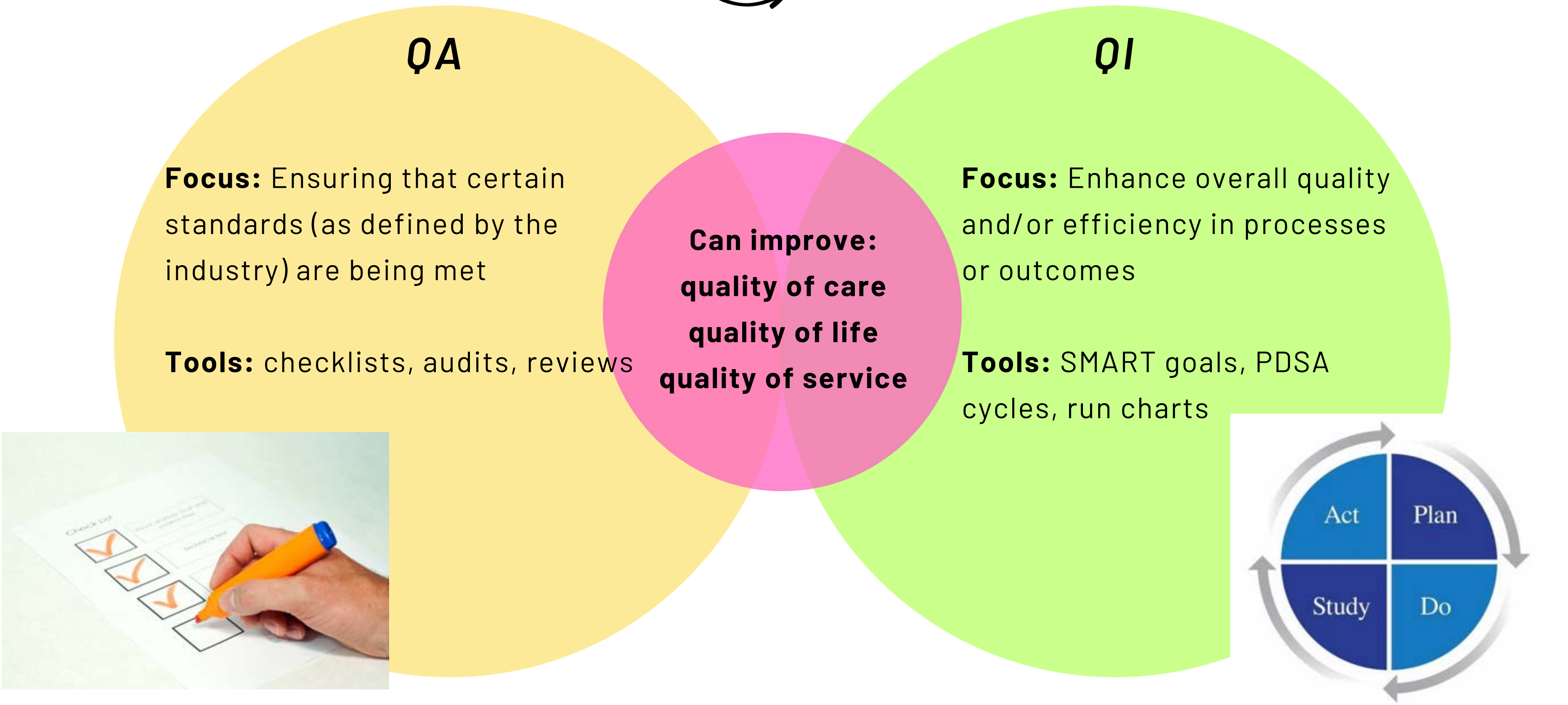
*Leave today with:*

1. More knowledge on how to apply QI methods in your workplace
2. How to review & understand data to better inform and track QI work
3. More awareness of what QI projects are possible

# QUALITY ASSURANCE VS QUALITY IMPROVEMENT

Differences and Similarities

Page 8 in toolkit



# QUALITY IMPROVEMENT OVERVIEW

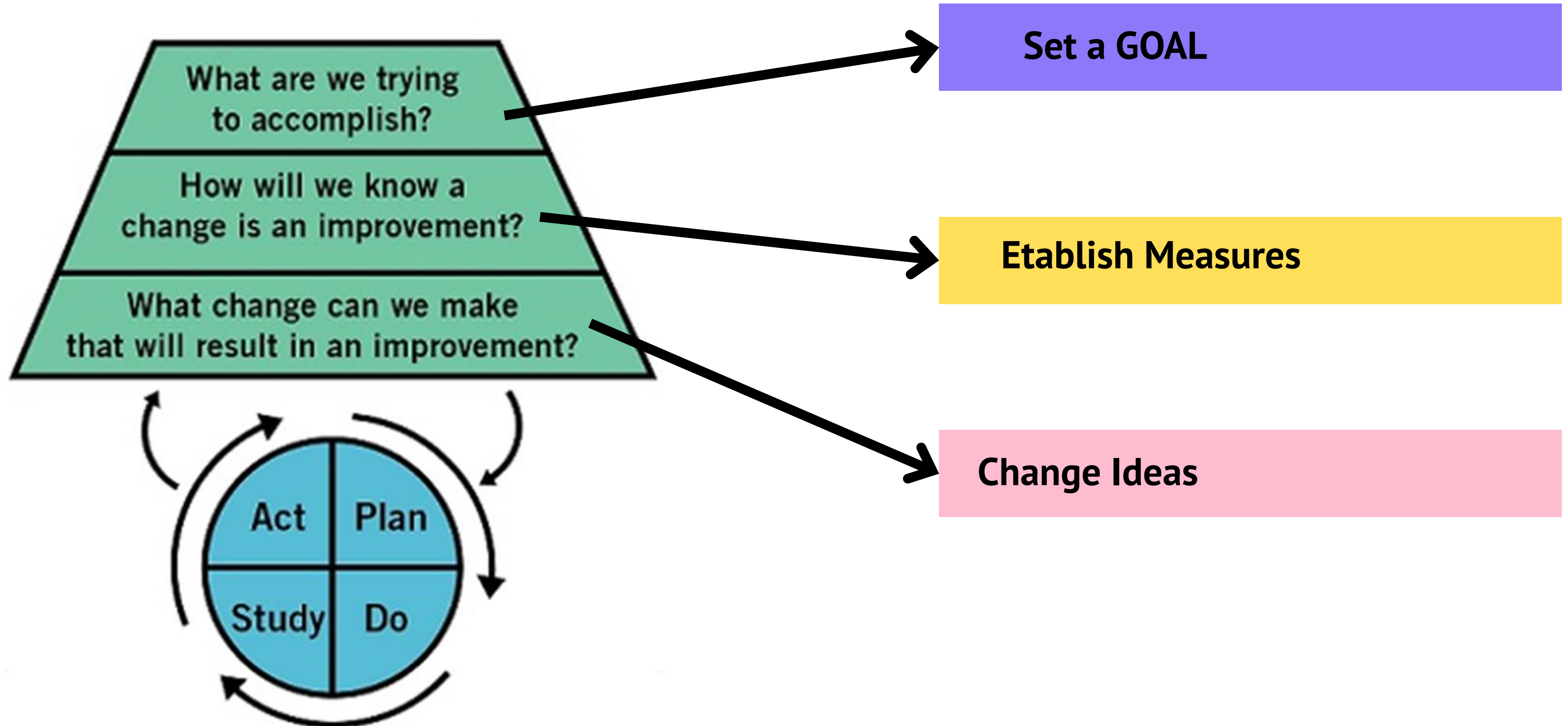


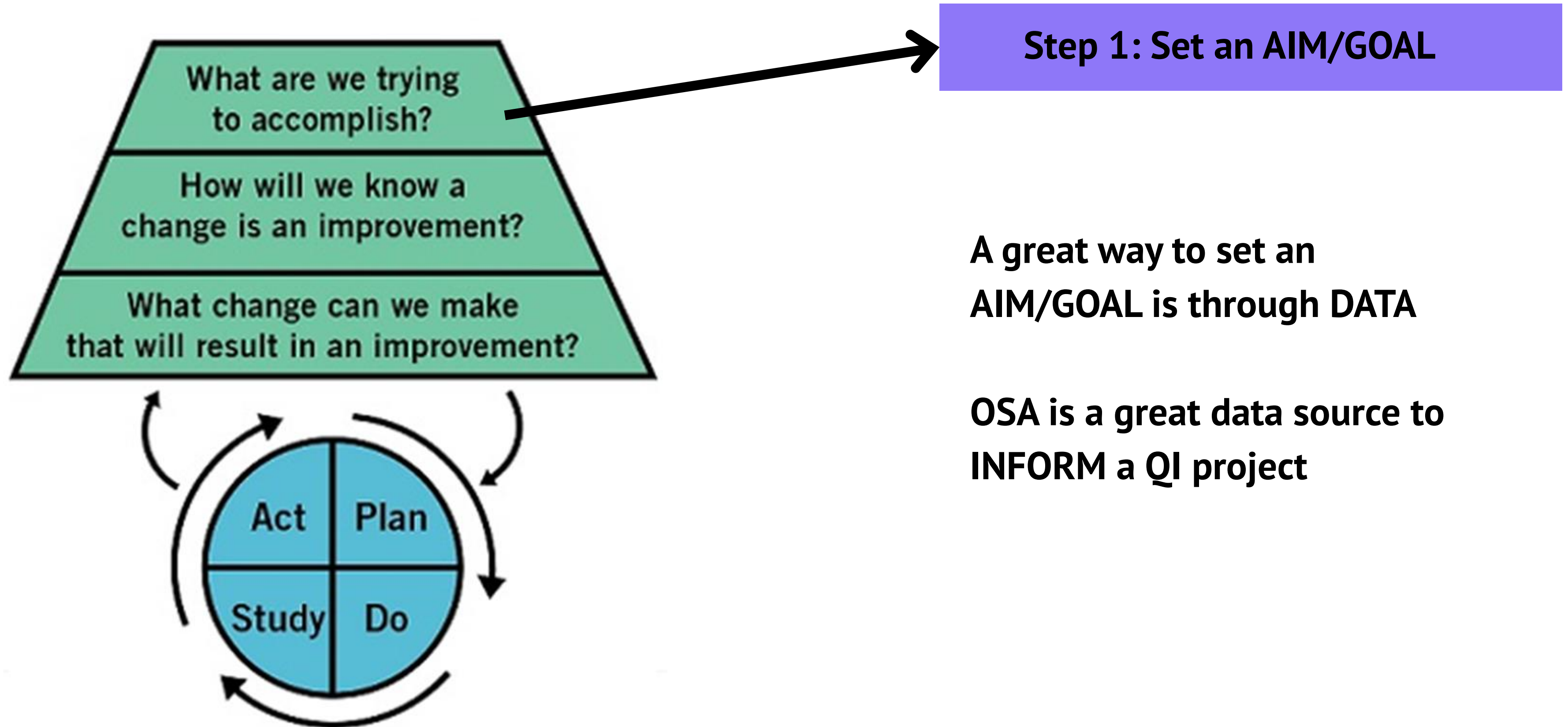
[Click here to watch the video](#)



# MODEL OF IMPROVEMENT

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# Every Voice Counts

Long-Term Care Resident and Visitor Survey 2022/23:  
Using Your Care Home's Results to Drive Quality Improvement

May 30, 2024



OFFICE OF THE  
**SENIORS** ADVOCATE







They said it couldn't  
be done....

WE DID IT!  
.... TWICE!





# Methodology

## Structured Interview Methodology

- Testing prior to the implementation of the survey in 2016 showed that residents across all CPS levels except CPS level 6 could participate
- Testing following the 2016 survey showed that residents were responding consistently to the questions, producing unbiased self-reports irrespective of differences in cognitive functioning (Dr. Lara Russell's DIF study using OSA 2016/17 data);
  - this research provided evidence about asking residents in LTC survey questions directly, giving them a stronger, more person-centred voice in their own care.
- All Surveyors were trained in conducting structured interviews, including:
  - how to communicate with people with Dementia,
  - how to respectfully engage with residents, including providing a culturally and gender diverse safe space
- BC developed Visual Analogue Boards and Optional Prompts to ensure standardization
- The survey methodology provided ample opportunity for residents to illustrate their evaluative responses and to add narrative comments: ***"Is there anything more you would like to tell me about ...?"***





# Survey Sample: Resident

- Census
  - **All** residents, regardless of cognitive performance, physical limitations, language, approached to participate
- Very few exclusions



## Excluded

Residing a Tertiary Mental Health unit, Assisted Living, Group or Family Homes

## Not Approached

Temporarily staying in a flex, convalescent, temporary or respite bed

Designated as palliative care or POA/SDM recommended exclusion

Deemed by Care Home Champion to be a risk/danger to self and/or Surveyor

## Approached but Did Not Participate

Unresponsive, too ill or too confused/anxious/nervous when approached to participate after 3 attempts made

Declined to participate

Could not locate after 3 attempts

Consented to participate but unable to answer first two sections of survey

Did not speak one of the translated languages

# Survey Sample: Family/Frequent Visitor

## Matched Sample

- Cycle 2 FFV survey invitations sent (mostly) via email
- A reminder sent 2 weeks after initial invitation.
- 90 days to complete
- Some residents (15%) had no visitor identified.
  - Overall, almost 8K FFV respondents



There are three ways to complete the survey:

**Go online now at**

[www.xxxx.ca](http://www.xxxx.ca)



**Request a paper version**

be mailed to you with a paid  
postage return envelope by  
calling

1-XXX-XXX-XXXX



**Call us (toll free)**

to complete the survey by  
phone

**1-8xx-xxx-xxxx**



If you prefer to receive this questionnaire in another language, please call toll-free 1-XXX-XXX-XXXX.

# By the numbers...

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## Care Homes

- **297** publicly subsidized **Care Homes**
- **29,284** residents living in publicly subsidized **LTC beds**



## Residents

- **21,629 residents** approached
- **10,872 residents** responded



## Frequent Visitors

- **28,007** invited
- **7,880 frequent visitors** completed the survey



## Surveyors

- **468 Surveyors**
- **20,000+ hours**

# Care Home Report Structure:

Tab: Participation Statistics



Tab: Dimension Scores



Tab: Top 10, Bottom 10



Tab: Positive and Negative Scores



Tab: Resident Open Text Comments



Tab: 2022-23 Frequency Tables



Tab: Respondent Characteristics



## 2022/23 Long Term Care Sector Survey DEMO-West Coast Conference on Aging Care Home Resident Survey Results

Report published on:

Resident interviews conducted between:  
Care Home Resident Census:

July 7, 2023 -  
130

Total Number of Residents (eligible):

66

Total Number of Completed Surveys:

42

Response Rate:

63.6%

	2022/23		2016/17		Year over Year (YoY) Change
	# of Residents	% Facility Total	# of Residents	% Facility Total	
<b>Survey Disposition Results</b>					
Residents who consented and interviews conducted	42	32.3%	41	30.8%	1.5%
Residents who declined to participate	24	18.5%	26	19.5%	-1.1%
<b>Total number of residents eligible to be interviewed</b>	<b>66</b>	<b>50.8%</b>	<b>67</b>	<b>50.4%</b>	<b>0.4%</b>
Residents who consented, but unable to answer first 2 evaluative sections of survey	25	19.2%	36	27.1%	-7.8%
Residents unable to participate due to language barrier	5	3.8%	7	5.3%	-1.4%
Residents who could not be located after 3 attempts	1	0.8%	3	2.3%	-1.5%
Residents who were unresponsive after 3 attempts	11	8.5%	16	12.0%	-3.6%
Residents too ill to participate after 3 attempts	2	1.5%	1	0.8%	0.8%
Residents unable to participate for other reasons - including IPAC precautions	1	0.8%	2	1.5%	-0.7%
Residents unable to participate due to palliative care status	0	0.0%	0	0.0%	0.0%
Residents deemed a risk to interviewer by Facility Coordinator (not approached)	15	11.5%	0	0.0%	11.5%
Residents discharged before onsite surveying commenced	3	2.3%	0	0.0%	2.3%
Residents who had passed away before onsite surveying commenced	1	0.8%	1	0.8%	0.0%
<b>Care Home Resident Census</b>	<b>130</b>	<b>100.0%</b>	<b>133</b>	<b>100.0%</b>	<b>-2.3%</b>

# Care Home Report Structure:

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Tab: Top 10, Bottom 10



Tab: Positive and Negative Scores



Tab: Resident Open Text Comments



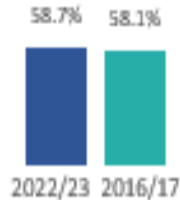
Tab: 2022-23 Frequency Tables



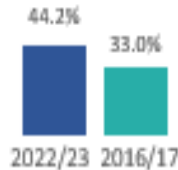
Tab: Respondent Characteristics

## interRAI Dimensions - Percent Positive Score

Personal Control



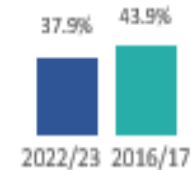
Food/Mealtimes



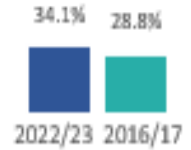
Staff Responsiveness



Caring Staff



Social Life



## Made-In-BC Dimensions - Percent Positive Score

Homelike Environment

2022/23 Score

61.0%

Visits with Family and Friends

84.1%

Feeling Informed

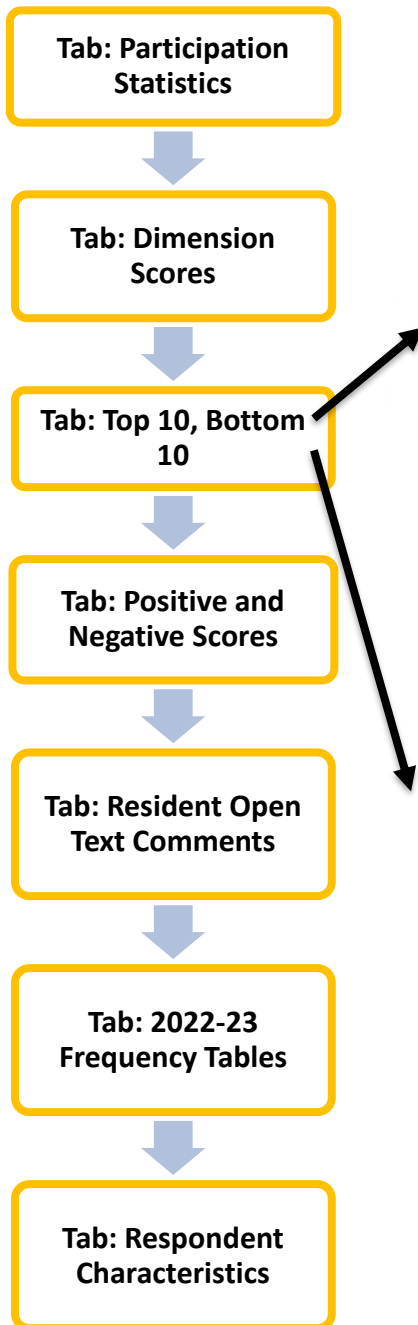
59.0%

Cultural Safety

76.6%



# Care Home Report Structure:



## Top 10 Scoring Questions

Ranked in Descending Order of 2022/23 Percent Positive Score

	2022/23 % Positive Score	2016/17 % Positive Score	YOY Change
*Q38. Resident not treated unfairly by staff due to race or cultural background	97.4%	n/a	n/a
*Q39. Resident not treated unfairly by staff due to sexual orientation (or gender identity)	97.4%	n/a	n/a
*Q72. Family/friends can visit when they choose	81.6%	86.5%	-4.9%
Q29. Decide which clothes to wear	78.9%	80.5%	-1.6%
Q34. Treated with respect by staff	78.9%	72.5%	6.4%
Q13. Feel safe alone	78.6%	77.5%	1.1%
*Q73. Comfortable places to visit with family and friends	76.5%	n/a	n/a
Q35. Decide how to spend my time	75.7%	77.5%	1.8%

## Bottom 10 Scoring Questions

Ranked in Ascending Order of 2022/23 Percent Positive Score

	2022/23 % Positive Score	2016/17 % Positive Score	YOY Change
Q68. People ask resident for help/advice	17.9%	10.0%	7.9%
Q69. Have opportunities for affection/romance	17.9%	16.7%	1.2%
Q67. People to do things with	21.4%	23.8%	-2.4%
Q65. Can explore new skills/interests	24.0%	26.3%	-2.3%
Q4. Get favourite foods	29.4%	42.1%	-12.7%
*Q22. Staff support resident practicing own culture	30.0%	n/a	n/a
Q61. Enjoyable things to do in evening in this care home	30.8%	35.0%	-4.2%
Q60. Enjoyable things to do on weekends in this care home	35.7%	42.1%	-6.4%
Q38. Bathing/showering as often as want	36.7%	40.0%	3.3%

# Care Home Report Structure:

Tab: Participation Statistics

Tab: Dimension Scores

Tab: Top 10, Bottom 10

Tab: Positive and Negative Scores

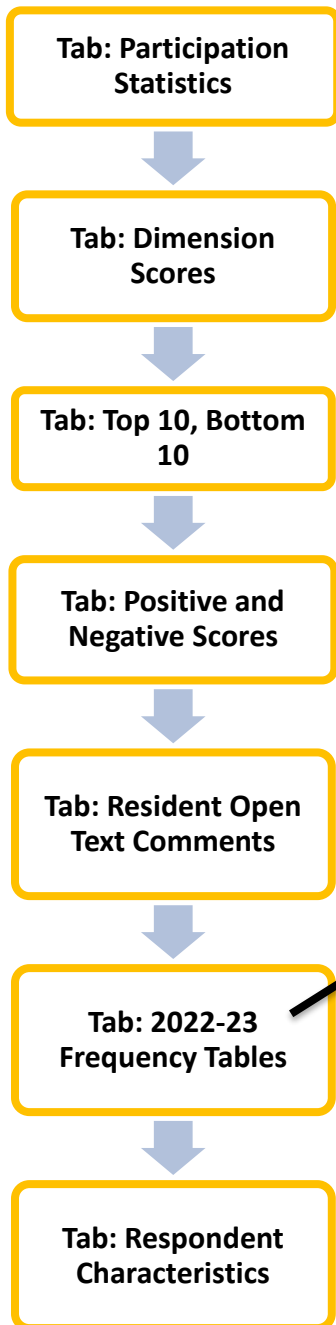
Tab: Resident Open Text Comments

Tab: 2022-23 Frequency Tables

Tab: Respondent Characteristics

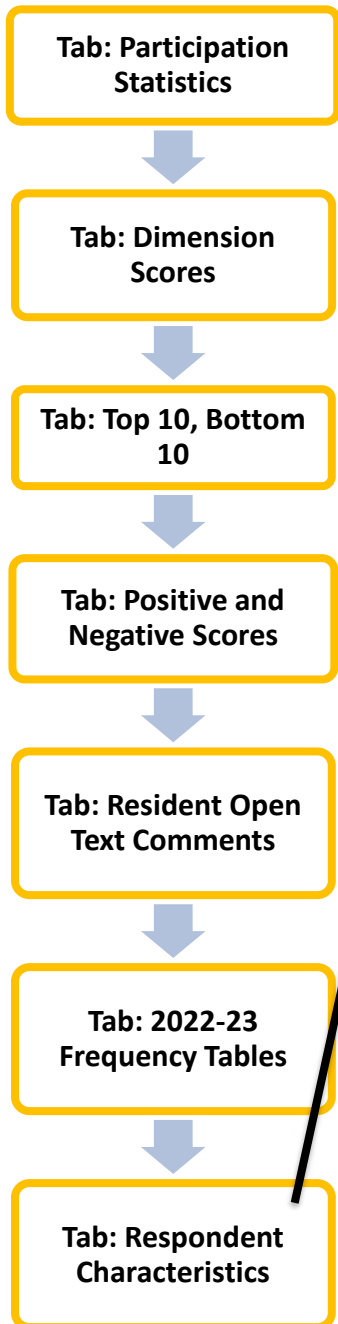
		2022/23		2016/17		YOY Change
		#	%	#	%	
		Responses	Responses	Responses	Responses	
FOOD AND MEALS						
Q2.	Enjoy mealtimes					
	Top-Two Box Score: Always, Most of the Time	20	50.0%	19	51.4%	-1.4%
	Bottom-Three Box Score: Sometimes, Rarely, Never	20	50.0%	18	48.6%	
*Q3.	Likes taste of the food					
	Top-Two Box Score: Always, Most of the Time	20	47.6%	n/a	n/a	-
	Bottom-Three Box Score: Sometimes, Rarely, Never	22	52.4%	n/a	n/a	-
Q4.	Get favourite foods					
	Top-Two Box Score: Always, Most of the Time	11	27.5%	5	14.3%	13.2%
	Bottom-Three Box Score: Sometimes, Rarely, Never	29	72.5%	30	85.7%	
Q5.	Can eat when want					
	Top-Two Box Score: Always, Most of the Time	11	30.6%	16	43.2%	-12.7%
	Bottom-Three Box Score: Sometimes, Rarely, Never	25	69.4%	21	56.8%	
Q6.	Enough variety in meals					
	Top-Two Box Score: Always, Most of the Time	22	55.0%	12	32.4%	22.6%
	Bottom-Three Box Score: Sometimes, Rarely, Never	18	45.0%	25	67.6%	
		2022/23		2016/17		YOY Change
		#	%	#	%	
		Responses	Responses	Responses	Responses	
HOME-LIKE ENVIRONMENT						
Q15.	Care home feels like home					
	Top-Two Box Score: Always, Most of the Time	9	21.4%	22	56.4%	-35.0%
	Bottom-Three Box Score: Sometimes, Rarely, Never	33	78.6%	17	43.6%	
Q16.	Would recommend this care home to others					
	Top-Two Box Score: Always, Most of the Time	17	47.2%	27	75.0%	-27.8%
	Bottom-Three Box Score: Sometimes, Rarely, Never	19	52.8%	9	25.0%	
*Q17.	Care home smells good					
	Top-Two Box Score: Always, Most of the Time	23	59.0%	n/a	n/a	-
	Bottom-Three Box Score: Sometimes, Rarely, Never	16	41.0%	n/a	n/a	
Q18.	Can easily go outdoors					
	Top-Two Box Score: Always, Most of the Time	23	57.5%	26	65.0%	-7.5%
	Bottom-Three Box Score: Sometimes, Rarely, Never	17	42.5%	14	35.0%	

# Care Home Report Structure:



FOOD AND MEALS	Count	Percent	Valid Percent
* Q3. I like the taste of the food I get here.			
Never	6	14.3%	14.3%
Rarely	6	14.3%	14.3%
Sometimes	10	23.8%	23.8%
Most of the time	11	26.2%	26.2%
Always	9	21.4%	21.4%
<b>Total valid</b>	<b>42</b>	<b>100.0%</b>	<b>100.0%</b>
Don't Know	0	0.0%	
Refused	0	0.0%	
No response	0	0.0%	
<b>Total</b>	<b>42</b>	<b>100.0%</b>	
Q4. I get my <u>favourite</u> foods here.			
Never	14	33.3%	35.0%
Rarely	4	9.5%	10.0%
Sometimes	11	26.2%	27.5%
Most of the time	5	11.9%	12.5%
Always	6	14.3%	15.0%
<b>Total valid</b>	<b>40</b>	<b>95.2%</b>	<b>100.0%</b>
Don't Know	1	2.4%	
Refused	1	2.4%	
No response	0	0.0%	
<b>Total</b>	<b>42</b>	<b>100.0%</b>	
Q5. I can eat when I want.			
Never	12	28.6%	33.3%
Rarely	6	14.3%	16.7%
Sometimes	7	16.7%	19.4%
Most of the time	4	9.5%	11.1%
Always	7	16.7%	19.4%
<b>Total valid</b>	<b>36</b>	<b>85.7%</b>	<b>100.0%</b>
Don't Know	1	2.4%	
Refused	0	0.0%	
No response	5	11.9%	
<b>Total</b>	<b>42</b>	<b>100.0%</b>	

# Care Home Report Structure:



INFORMATION ABOUT RESIDENTS WHO ANSWERED THE SURVEY	Count	Percent	Valid Percent
Q83. I have lived <u>in this care home</u> ...			
Less than one year	14	33.3%	40.0%
1-2 years	4	9.5%	11.4%
More than 2 years	17	40.5%	48.6%
Total valid	35	83.3%	100.0%
Don't Know	3	7.1%	
Refused	0	0.0%	
No response	4	9.5%	
Total	42	100.0%	

# Care Home Report Structure:

Tab: Participation  
Statistics

Tab: Dimension  
Scores

Tab: Top 10, Bottom  
10

Tab: Positive and  
Negative Scores

Tab: Resident Open  
Text Comments

Tab: 2022-23  
Frequency Tables

Tab: Respondent  
Characteristics



OFFICE OF THE  
SENIORS ADVOCATE

## 2022/23 Long Term Care Sector Survey

DEMO-West Coast Conference on Aging Workshop Care

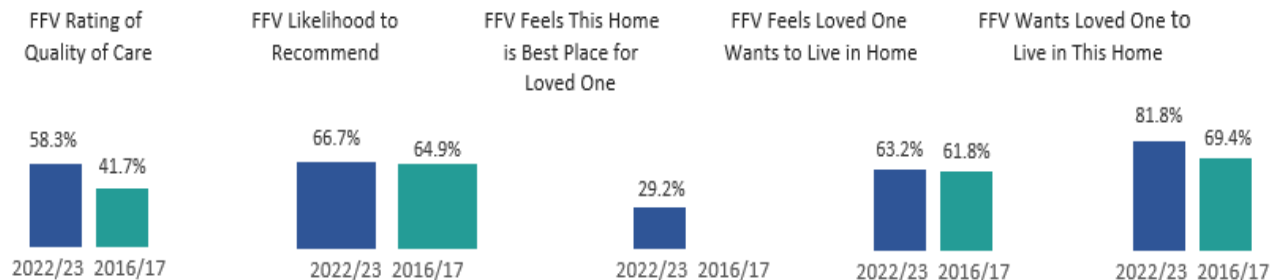
### Family/Frequent Visitor Survey Results

Report published on: **Wednesday, October 25, 2023**

Survey Completions: **29**

Response Rate: **15.5%**

#### Overall Ratings - Percent Positive Score



FFV Rating of Quality of Care

FFV Likelihood to Recommend

FFV Feels This Home is Best Place for Loved One

FFV Feels Loved One Wants to Live in Home

FFV Wants Loved One to Live in This Home

\*Q81. Quality of care and services family member or friend receives (according to FFV).

Q82. FFV would recommend this care home to others.

Q83. Home is the best place to meet family member or friend's needs (according to FFV).

\*Q87. Family member or friend wants to live in this care home (according to FFV).

\*Q88. FFV wants family member or friend to live in this care home.



# Qualitative:

*“At the heart of every data point in healthcare is a person.”*

Lena Cuthbertson, Provincial ED, BC Office of Pt-Centred Measurement

Theme	Valence	Comment Fragment
STAFF RESPONSIVENESS	Negative	I am ignored. I never say anything because I know its useless
PRIVACY	Neutral	I can manage myself.
FINAL COMMENT	Neutral	I cannot live alone so I have to live in a care home. I need a walker to help me walk!
PERSONAL RELATIONSHIPS	Negative	I consider myself a social person but some other residents are angry or depressed or have dementia.
YOUR FOOD AND MEALS	Neutral	I could use a hand to help me on days I spill all over me. The meals have improved but needs a lot more. I would like some watermelon. Hot dogs- a picnic.
ACTIVITIES	Neutral	I did Tai-Chi exercises at night time. I like to spend time telling them what to do! I want to finish reading my autobiography.
PERSONAL RELATIONSHIPS	Neutral	I did this everyday with [XXXXX]. I have been here 3 or 7 years. I knew a woman outside here for some years it was good to have a pleasant conversation with.
STAFF RESPONSIVENESS	Positive	I don't want to be here - in hospital. It's a funny question. To ask me [to help in live my life here] They always bring medicine and stuff regularly. I don't need special services.
PRIVACY	Negative	I don't get along with my roommate. It affects my sleep because of the threat of the neighbor. I was scared - several weeks ago.
FEELING INFORMED	Neutral	I don't really know whom to ask.
STAFF-RESIDENT BONDING	Negative	I don't trust the staff. I'm very angry. I have a very nice staff member (male care aide) here.
ACTIVITIES	Negative	I don't want to have contact with the chaplain. I am 98, few people my age. Activities here are not well planned. Activity worker could be doing more.

# Qualitative:

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*“At the heart of every data point in healthcare is a person.”*

Lena Cuthbertson, Provincial ED, BC Office of Pt-Centred Measurement

**DIMENSION: Feeling Informed = Positive:**

*We have a resident counsel meeting once a month.  
99% of the time things get resolved.*



# Qualitative:

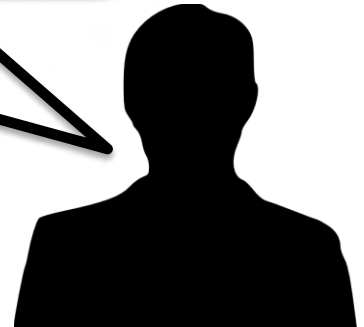
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*“At the heart of every data point in healthcare is a person.”*

Lena Cuthbertson, Provincial ED, BC Office of Pt-Centred Measurement

## **DIMENSION: Food & Meals = Neutral:**

*They basically have improved a lot. I don't eat. When the food is edible. At times, sometimes the food is too warm. The coffee is sometimes ugly. I woke up this morning and said myself, be yourself and be funny. They serve a lot of leftovers from the night before.*



# Qualitative:

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*“At the heart of every data point in healthcare is a person.”*

Lena Cuthbertson, Provincial ED, BC Office of Pt-Centred Measurement

## **DIMENSION: Home-like Environment = Negative:**

*I need to go outside at time; I need to see the night sky part of my culture tradition and religion. They think we should go to sleep after dinner. Sometimes we call ourselves "inmates".*







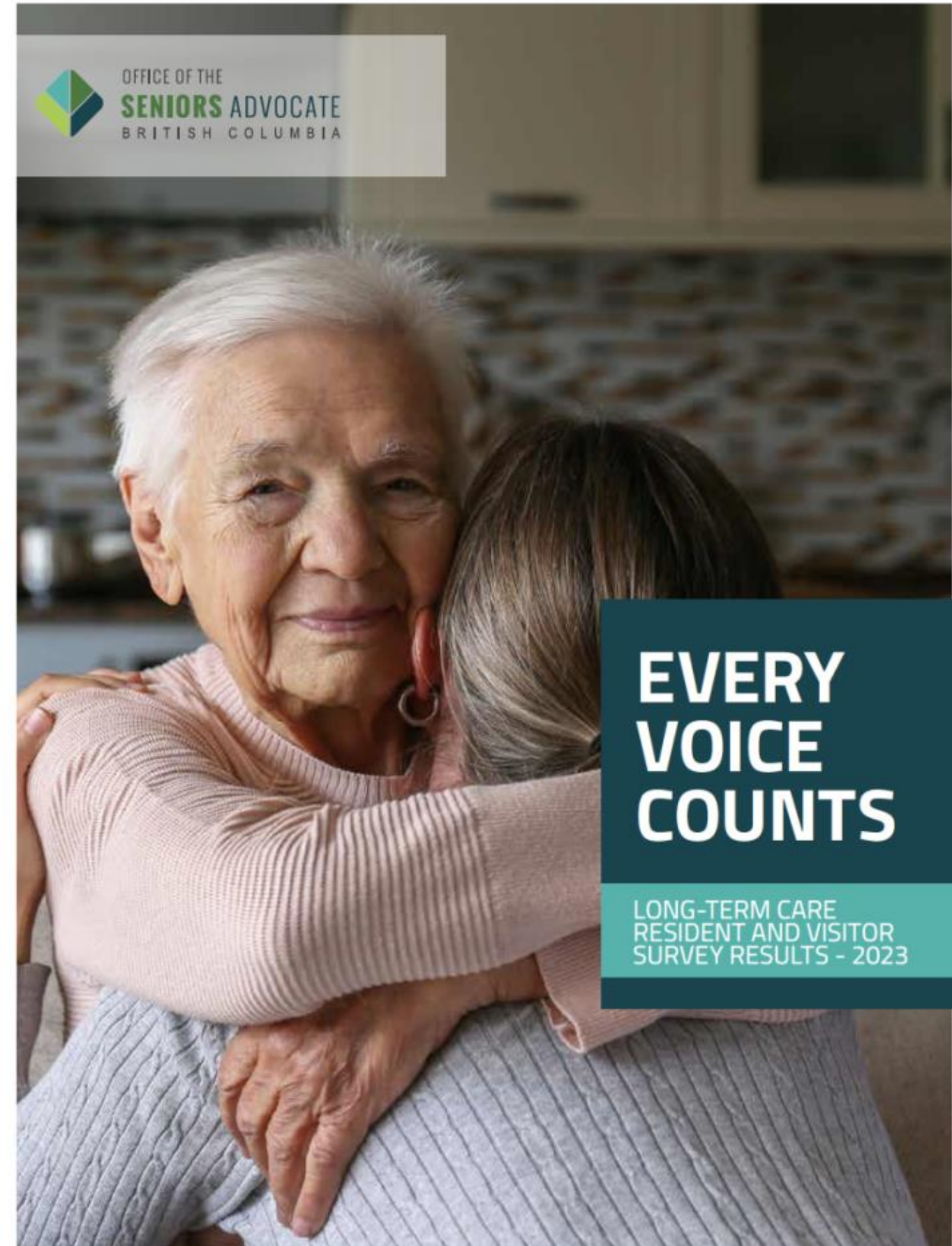
**DAN LEVITT**  
**BC SENIORS ADVOCATE**



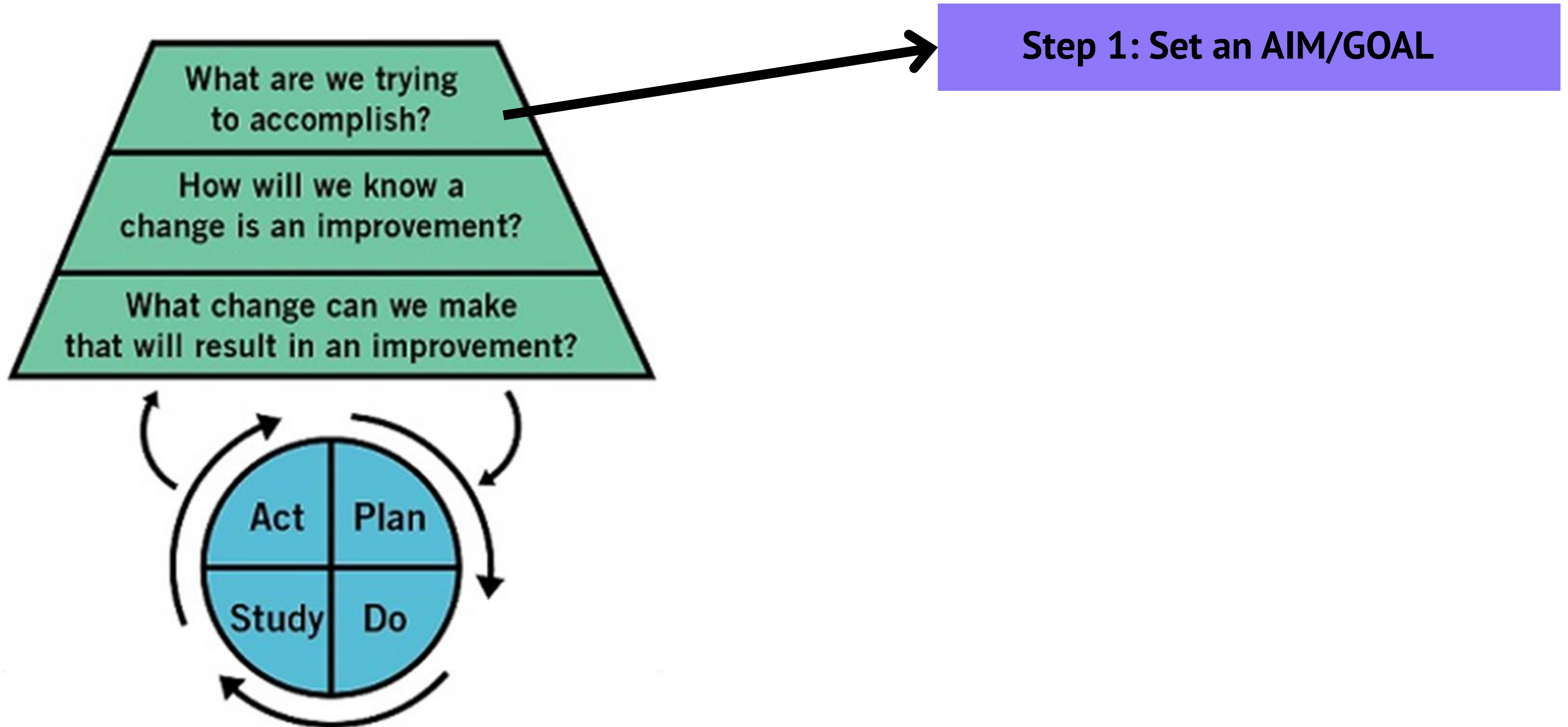
Sample data on page 10 of toolkit

OR

Scan the QR code  
to access your  
sites results!







# UNDERSTAND THE AREA FOR IMPROVEMENT

## Modifiability

- Is this something that can be changed?
- Is changing it within your control?

## Room for improvement

- What is your starting point?
- Low scores or a lot of variation

## Measurable

- Is this something you can measure locally?
- Measurement helps us understand if a change is an improvement

## Complexity

- How difficult is this to change?
- Will this be simple and intuitive for staff?

## Local needs

- Survey or focus group with care leaders, residents and/or families
- Locally relevant = high chance of success!

# READINESS FOR CHANGE

Key  
highlights from  
page 11 in toolkit

## Is there high level of interest & motivation?

Do you have a team?

Do you have a champion to lead the project?

Do you have buy-in from leadership to change processes?

## How is communication among the team?

What are some ways you can tell your site/staff/residents visitors that you are doing QI?

How will you let other staff know that you are working on an improvement project?

## Are there previous examples of initiatives you can draw from?

What has already been done?

Do you have a quality lead that can inform you of similar projects?

- Check QI inventory websites or research studies

## What are the obstacles/challenges?

Are there any time constraints?

What resources are needed? (funding, staff, etc.)

Do you have access to data?

**GET  
READY!**

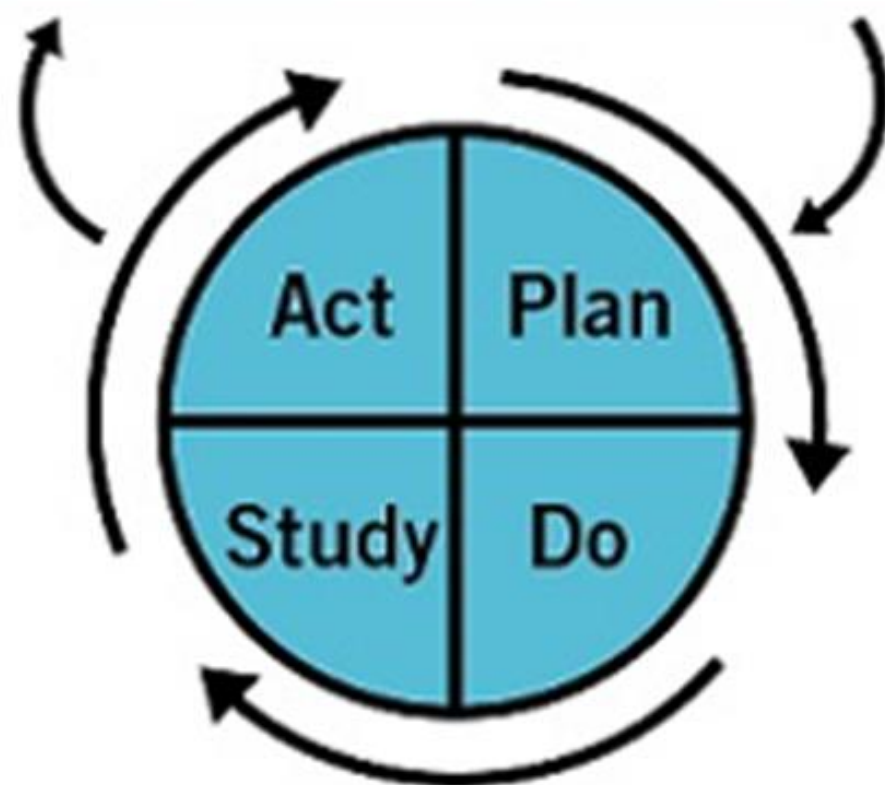




# Set a SMART goal

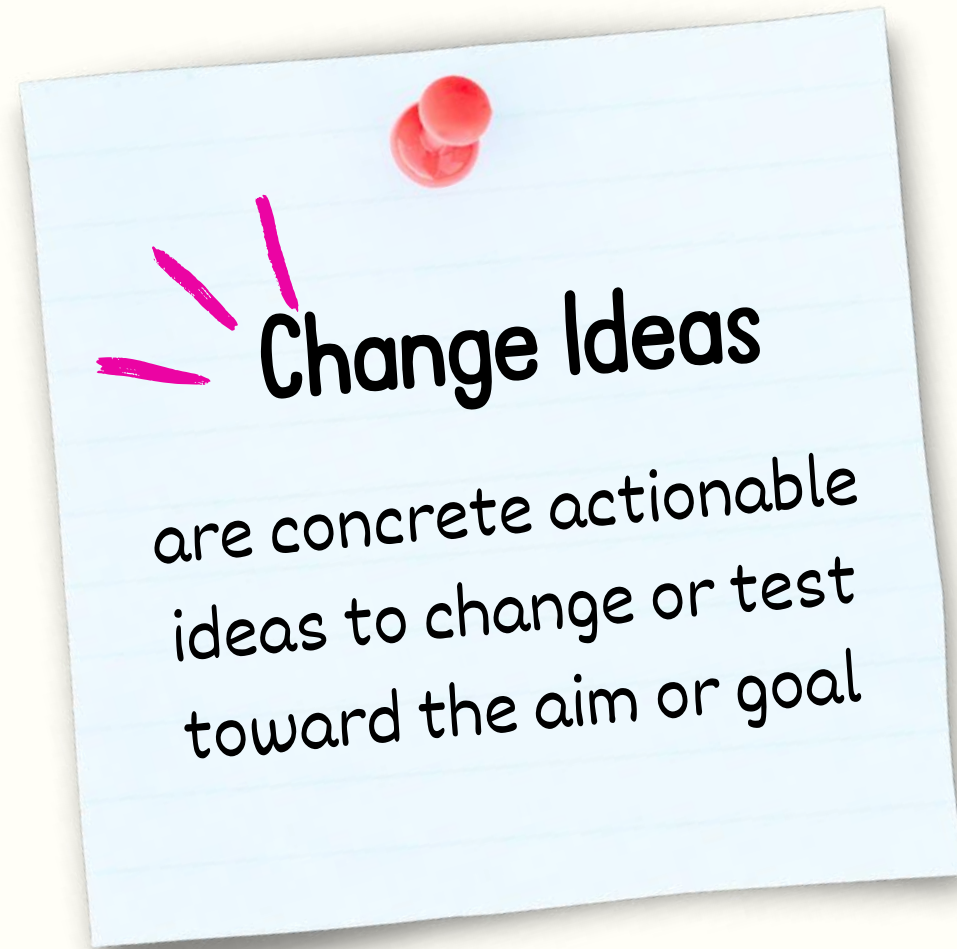
- S** Specific.
  - Direct, detailed and meaningful
- M** Measurable.
  - Quantifiable to track progress or success
- A** Attainable.
  - Realistic and you have the tools and/or resources to attain it
- R** Relevant.
  - Aligns with your sites values
- T** Time-Based.
  - Has a deadline

OSA Question (Area for improvement)	GOAL
#62. Participated in meaningful activities in past week	To increase the number of meaningful activities reported by residents by 10% by June 2024.
#53. Staff knows life story of resident #57. Have a special relationship with staff	To improve staffs knowledge of residents background/history and increase meaningful conversations with residents. We will improve by 5% by end of May.
#12. If I need help right away, I can get it	To increase the quality of care to residents by providing them help when needed. We will achieve call bell response times <5 minutes by May 14th, 2024.
#64. Can spend time with like-minded residents #66. Resident is close friend #67. Have people to do things with	To improve social engagement and personal relationships among residents. We will improve Activity Pro engagement scores by 5% by May 31st, 2024.
#4. Get favourite foods	To increase # of residents who have had a favourite food by September 1st, 2024.



**Step 2: Developing Change Ideas**

***What changes can we make  
that will result in an  
improvement of our goal?***



**#18. Can  
easily go  
outdoors**

Idea A  
Idea B  
Idea C

**#28. Bathe or  
shower as  
often as I  
want**

Idea A  
Idea B  
Idea C

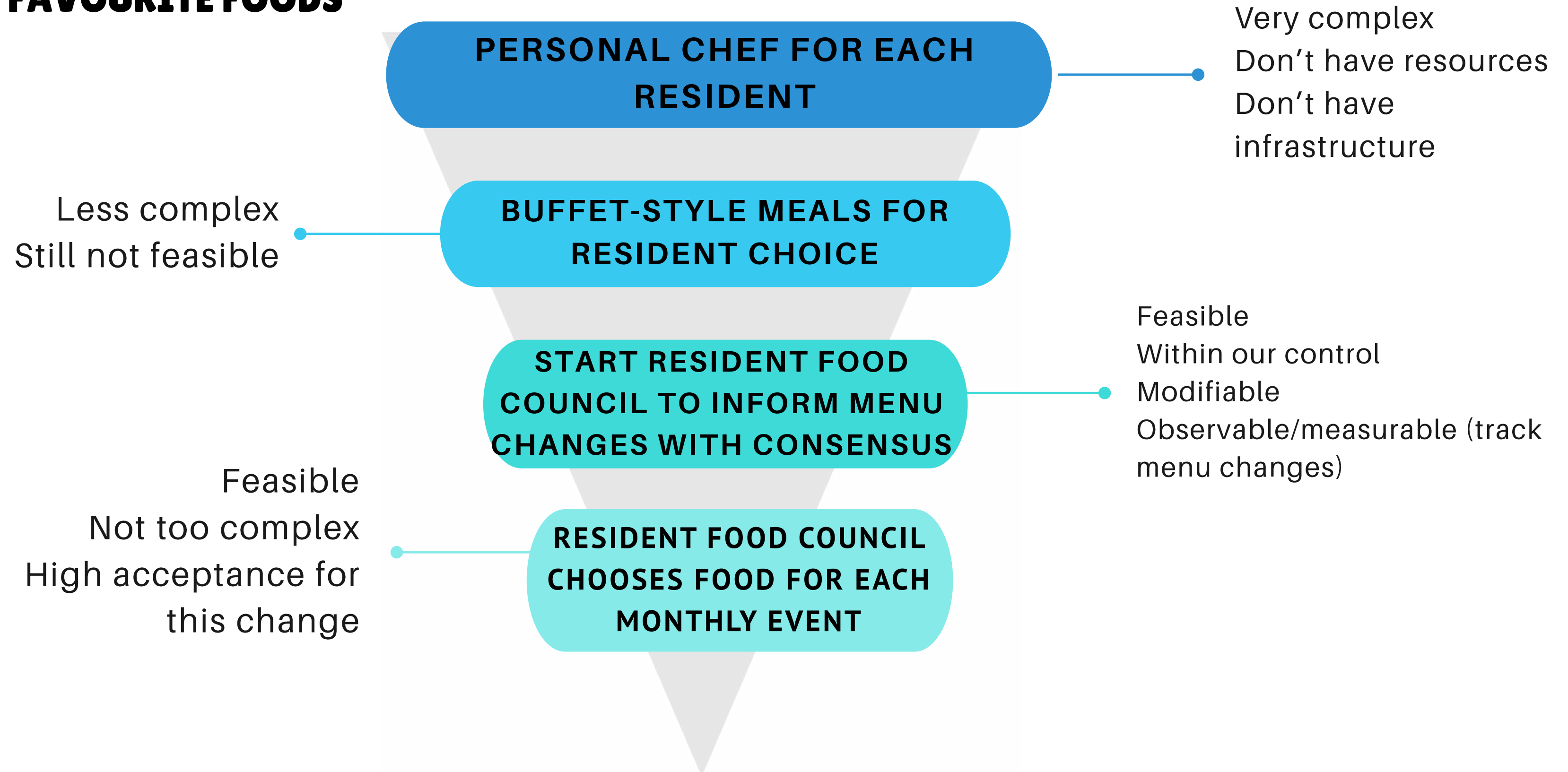
**#4. Get  
favourite foods**

Idea A  
Idea B  
Idea C



# REFINING YOUR CHANGE IDEA

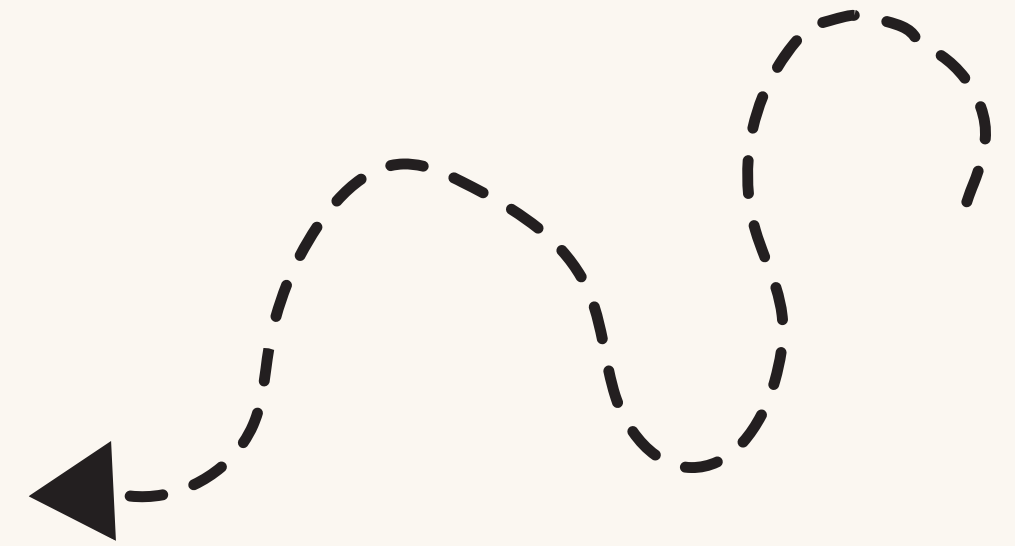
**'CAN GET FAVOURITE FOODS'**



OSA Question (Area for improvement)	GOAL	Change Idea(s)
#62. Participated in meaningful activities in past week	To increase the number of meaningful activities reported by residents by 10% by June 2024.	<ul style="list-style-type: none"><li>• Implementing picture job boards in all neighborhoods</li></ul>
#53. Staff knows life story of resident #57. Have a special relationship with staff	To improve staffs knowledge of residents background/history and increase meaningful conversations with residents. We will improve by 5% by end of May.	<ul style="list-style-type: none"><li>• Implementing a 'get to know me' poster</li><li>• Training staff on how to engage in meaningful conversations using the poster</li><li>• Discussing life stories of residents in each weekly safety huddle</li></ul>
#12. If I need help right away, I can get it	To increase the quality of care to residents by providing them help when needed. We will achieve call bell response times <5 minutes by May 14th, 2024.	<ul style="list-style-type: none"><li>• Education on phone use</li><li>• Equipment audit</li><li>• Call bell response protocol map</li></ul>
#64. Can spend time with like-minded residents #66. Resident is close friend #67. Have people to do things with	To improve social engagement and personal relationships among residents. We will improve Activity Pro engagement scores by 5% by May 31st, 2024.	<ul style="list-style-type: none"><li>• Plan group activities for like-minded residents only</li><li>• Rearrange dining room seating to allow residents to converse better</li></ul>
#4. Get favourite foods	To increase # of residents who have had a favourite food by September 1st, 2024.	<ul style="list-style-type: none"><li>• Monthly resident food council meetings to discuss menu items (likes/dislikes)</li><li>• Monthly event around food (residents choice)</li></ul>



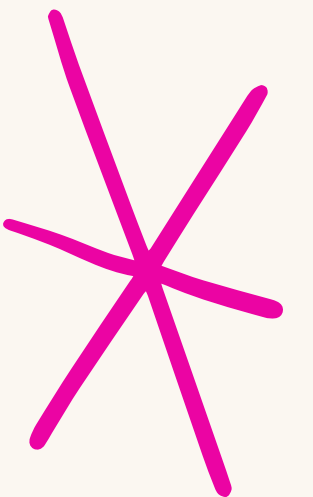
# GROUP BRAINSTROM



*\*See pages 10-14 in your toolkit*

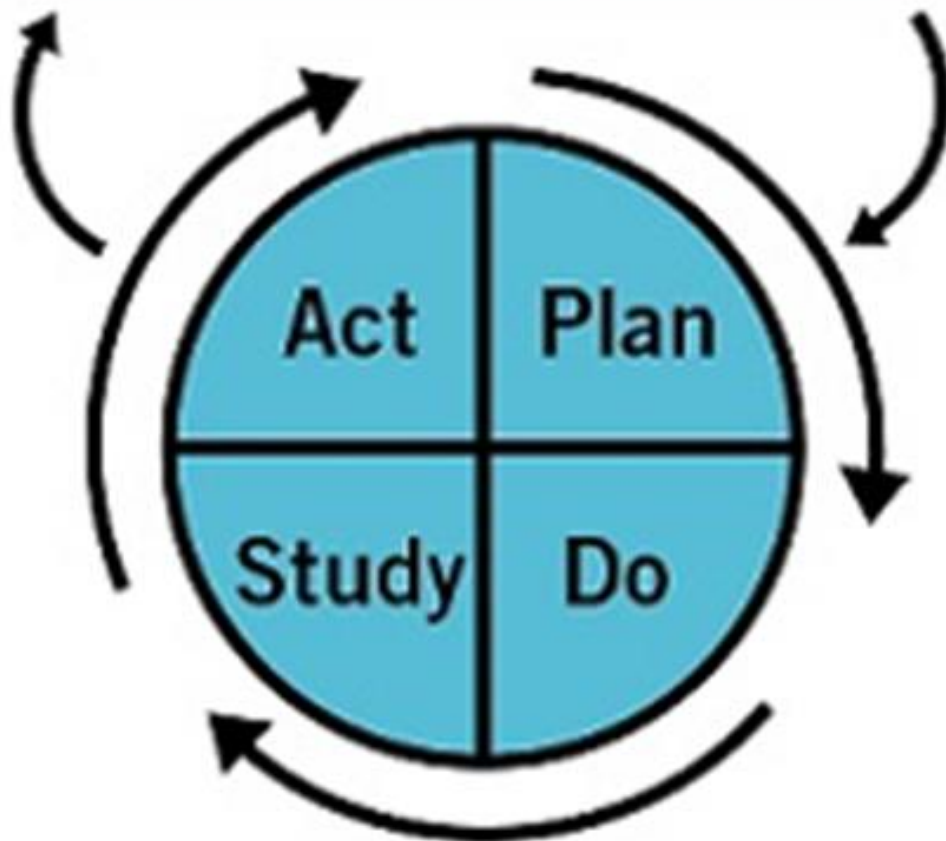
*\*Use your own OSA data set or the sample in your toolkit (page 10)*

*\*Complete pages 11 & 14 with your group*





**Establish Measures**



# WHY MEASURE?

*“IF YOU KEEP DOING WHAT YOU’VE  
ALWAYS BEEN DOING, YOU’LL  
ALWAYS GET WHAT YOU’VE GOT”*

*“ALL IMPROVEMENT IS CHANGE,  
BUT NOT ALL CHANGE IS  
IMPROVEMENT”*

*“IT IS HARD TO GET BETTER IF YOU  
DON’T KNOW HOW YOU ARE DOING”*





# DEFINING MEASURES

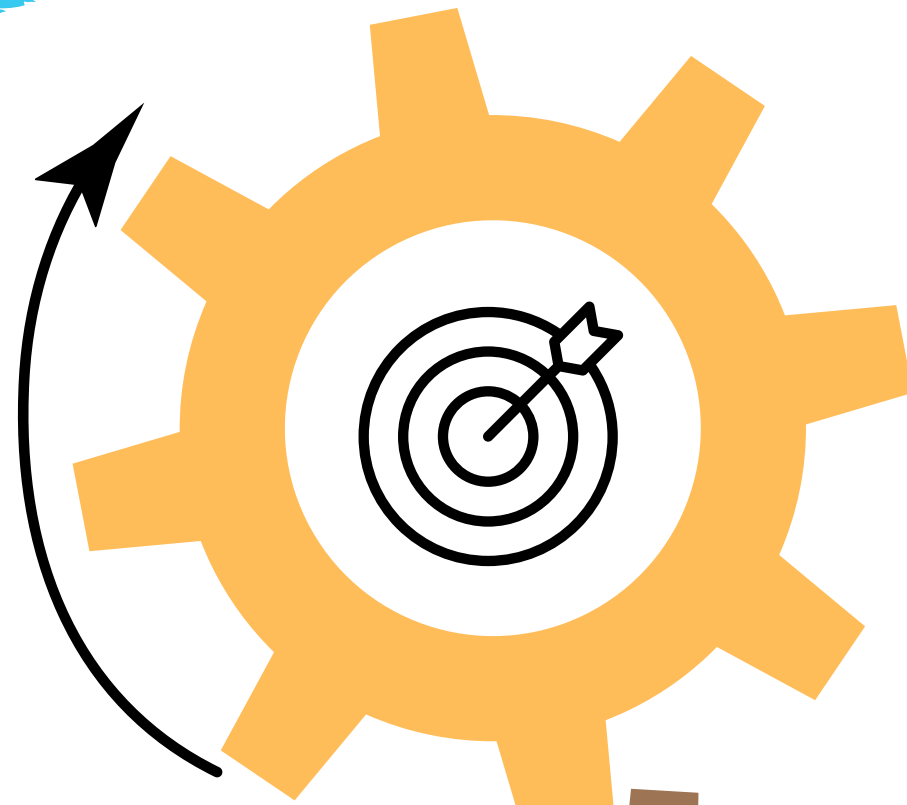


[Click here to watch the video](#)



# MEASURES

Page 15 in toolkit

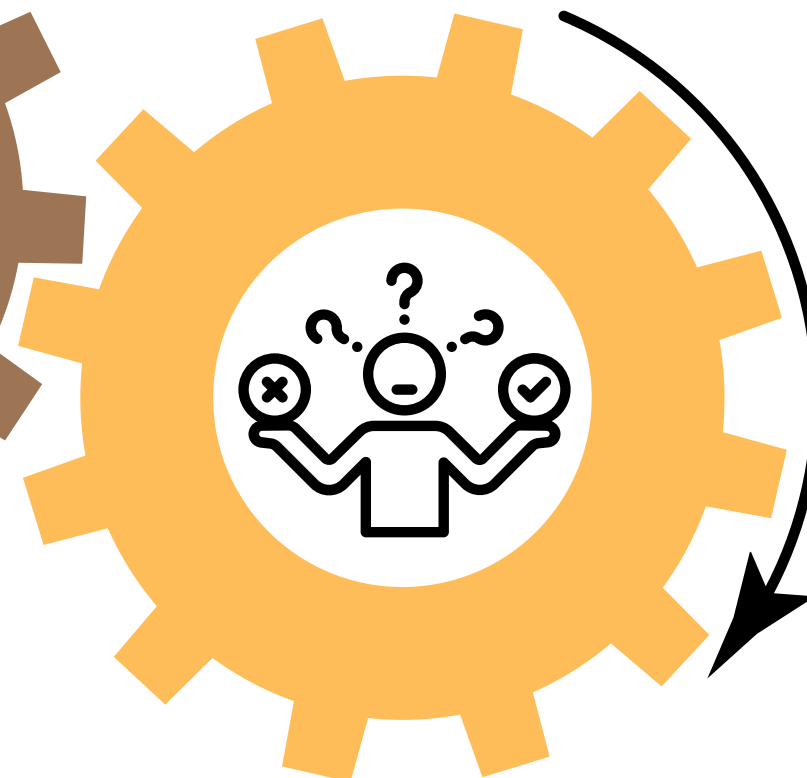
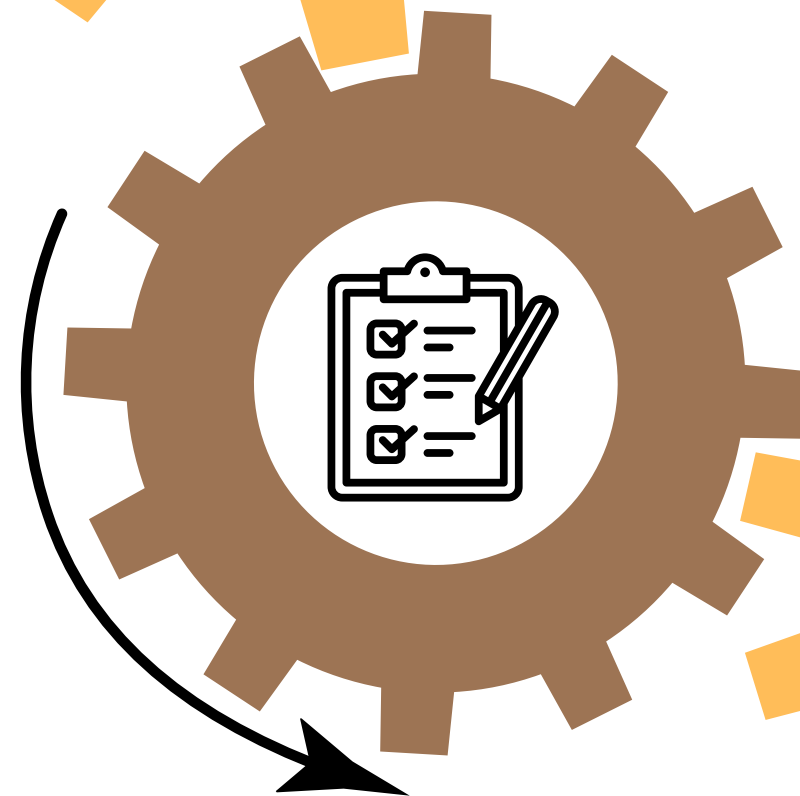


## OUTCOME MEASURE

Where are you now? Where do you want to be? By when?

## PROCESS MEASURE

What are you changing/implementing?  
How will you know you are doing it?



## BALANCING MEASURE

What else is happening? Good side effects? Bad side effects?



## Antipsychotic rates

- Example

## Meaningful Activities

- Example

## Get favourite foods

- Asking the food council committee members, "did you get to eat your favourite food this month?"

## Special relationship with staff

- EXAMPLE

## Cool idea

EXAMPLE

## The best idea

EXAMPLE





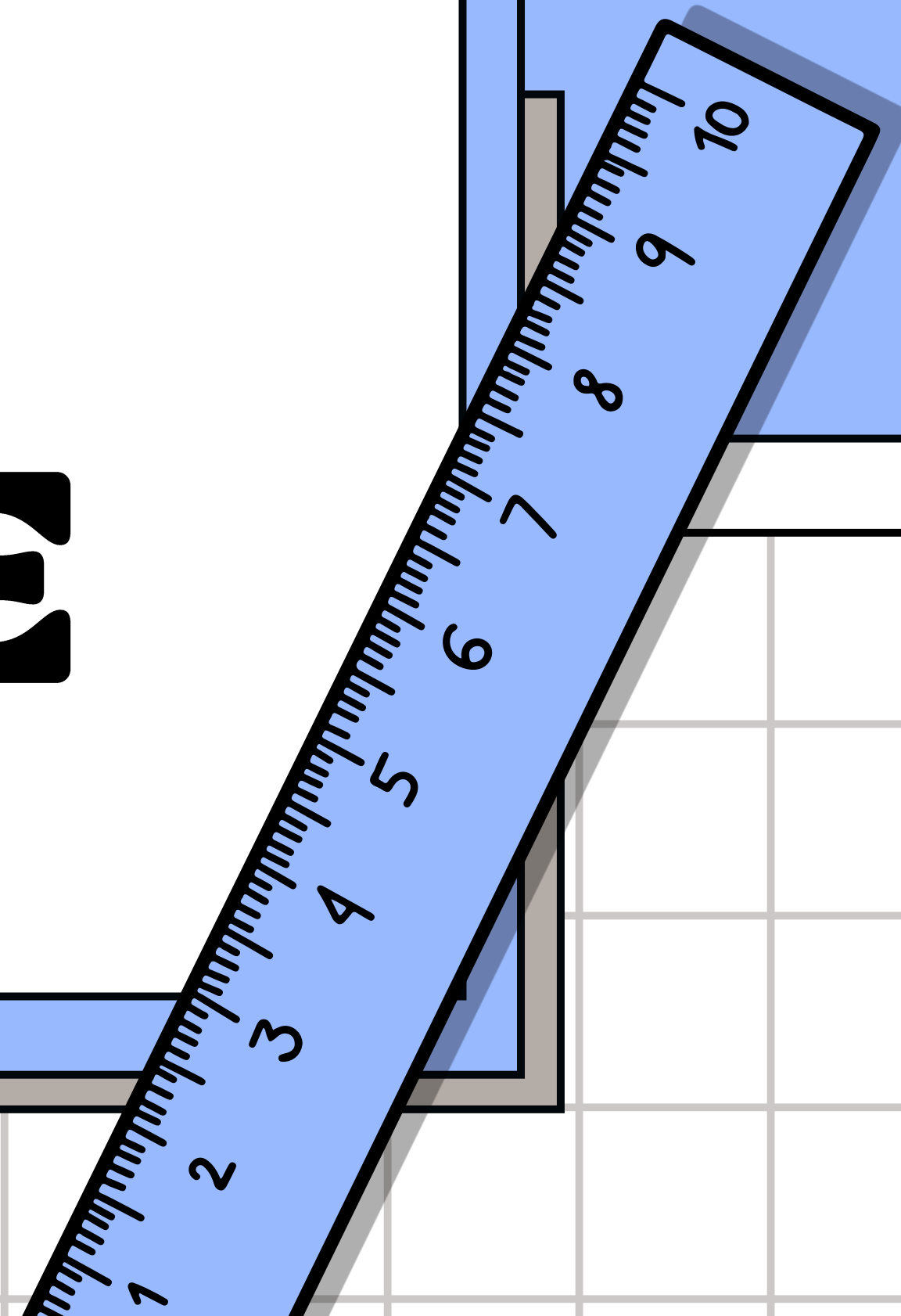
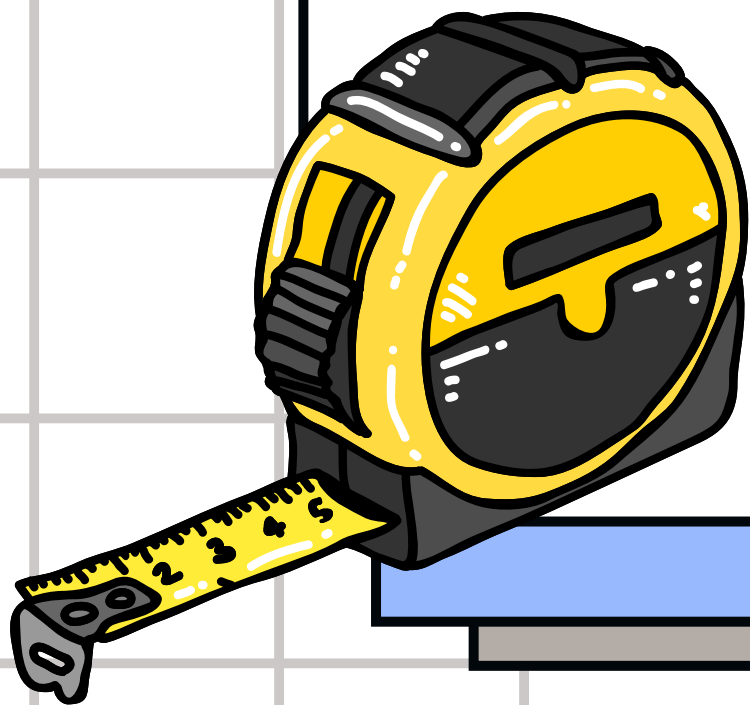
GOAL	Outcome Measure
To increase the number of meaningful activities reported by residents by 10% by June 2024.	<ul style="list-style-type: none"> <li>Asking residents, “did you feel you participated in meaningful activities in the past week?”</li> </ul>
To improve staffs knowledge of residents background/history and increase meaningful conversations with residents. We will improve by 5% by end of May.	<ul style="list-style-type: none"> <li>Pre and post survey to staff: “are you familiar/able to recall details about residents’ social history and preferences?”</li> <li>Two questions to residents: 1) Do you feel the staff know your life story? 2) Do you feel staff make time for meaningful conversations with you?</li> </ul>
To increase the quality of care to residents by providing them help when needed. We will achieve call bell response times <5 minutes by May 14th, 2024.	<ul style="list-style-type: none"> <li>Monthly call time average</li> </ul>
To improve social engagement and personal relationships among residents. We will improve Activity Pro engagement scores by 5% by May 31st, 2024.	<ul style="list-style-type: none"> <li># of residents reporting they have a close friend</li> <li>Activity Pro scores (participation and level of engagement)</li> </ul>
To increase # of residents who have had a favourite food by September 1st, 2024.	<ul style="list-style-type: none"> <li>Asking the food council committee members, “did you get to eat your favourite food this month?”</li> </ul>

Change Idea	Process Measure
<ul style="list-style-type: none"><li>• Implementing picture job boards in all neighborhoods</li></ul>	<ul style="list-style-type: none"><li>• Stickers to track if job board was used</li></ul>
<ul style="list-style-type: none"><li>• Implementing a 'get to know me' poster</li><li>• Training staff on how to engage in meaningful conversations using the poster</li><li>• Discussing life stories of residents in each weekly safety huddle</li></ul>	<ul style="list-style-type: none"><li>• # of 'get to know me' posters up</li><li>• # of staff trained to use posters</li><li>• Stickers on residents doors tracking # of conversations</li><li>• # of stories shared in safety rounds</li></ul>
<ul style="list-style-type: none"><li>• Education on phone use</li><li>• Equipment audit</li></ul>	<ul style="list-style-type: none"><li>• # of staff trained/reminded of phone use protocol</li><li>• # of phones and intercoms replaced</li></ul>
<ul style="list-style-type: none"><li>• Plan group activities for like-minded residents only</li><li>• Rearrange dining room seating to allow residents to converse better</li></ul>	<ul style="list-style-type: none"><li>• # of specific group activities offered</li><li>• # of conversations at meal times</li></ul>
<ul style="list-style-type: none"><li>• Monthly resident food council meetings</li><li>• Monthly event around food</li></ul>	<ul style="list-style-type: none"><li>• # of changes made to food menu based on resident food council discussions</li><li>• # of events planned with residents' input/advice on food</li></ul>

GOAL	Change Idea	Process Measure	Outcome Measure
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To increase # of residents who have had a favourite food by September 1st, 2024.	<ul style="list-style-type: none"> <li>Monthly resident food council meetings</li> <li>Monthly event around food</li> </ul>	<ul style="list-style-type: none"> <li># of changes made to food menu based on resident food council discussions</li> <li># of events planned with residents’ input/advice on food</li> </ul>	<ul style="list-style-type: none"> <li>Asking the food council committee members, “did you get to eat your favourite food this month?”</li> </ul>



# *How to* **MEASURE**



# USING A RUN CHART

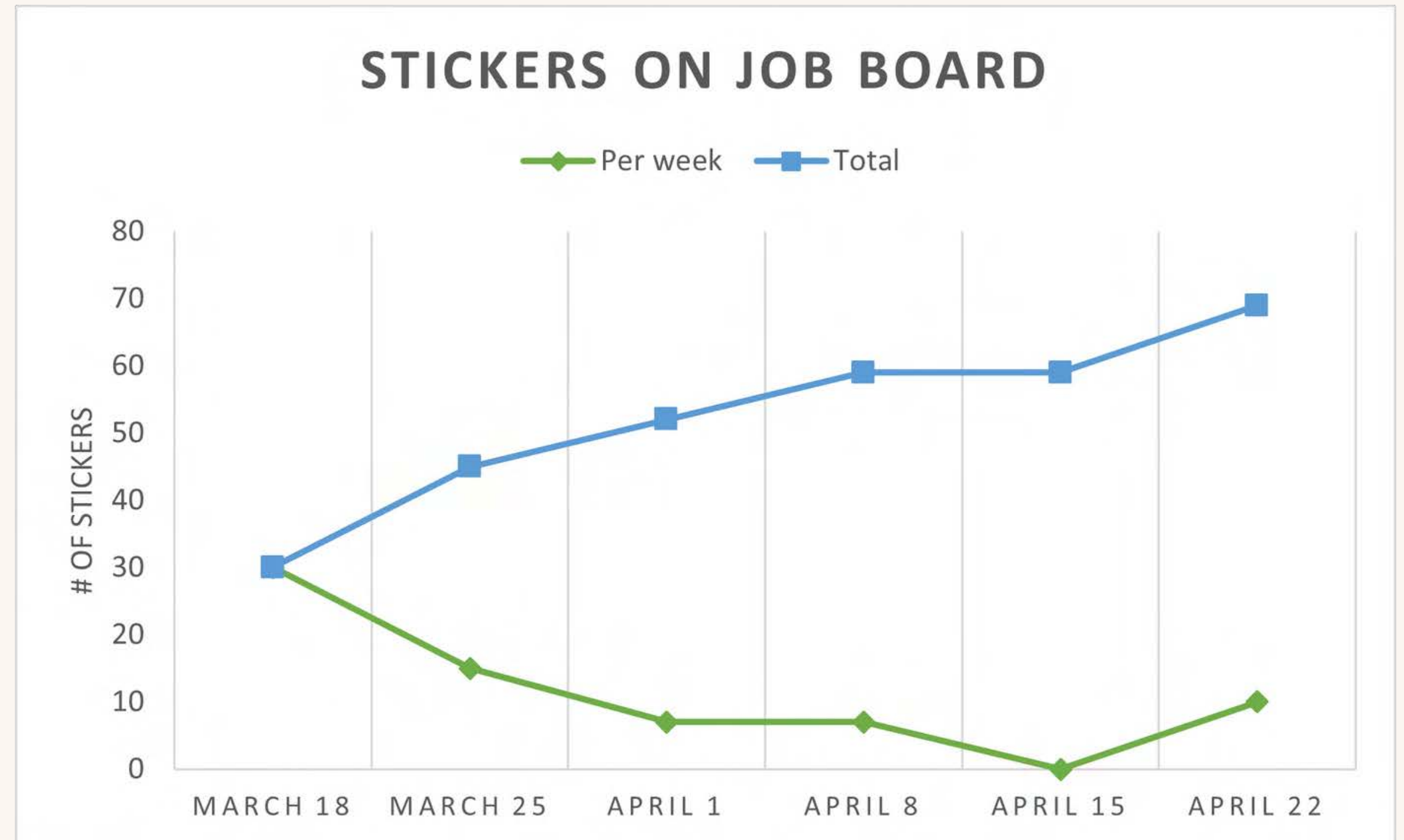
Examples on pages 17-20  
in toolkit

GOAL	Change Idea	Process Measure	Outcome Measure
To increase the number of meaningful activities reported by residents by 10% by June 2024.	Implementing picture job boards in all neighborhoods	<ul style="list-style-type: none"><li>Stickers to track if job board was used</li></ul>	Asking residents, “did you feel you participated in meaningful activities in the past week?”

# USING A RUN CHART

## Process Measure

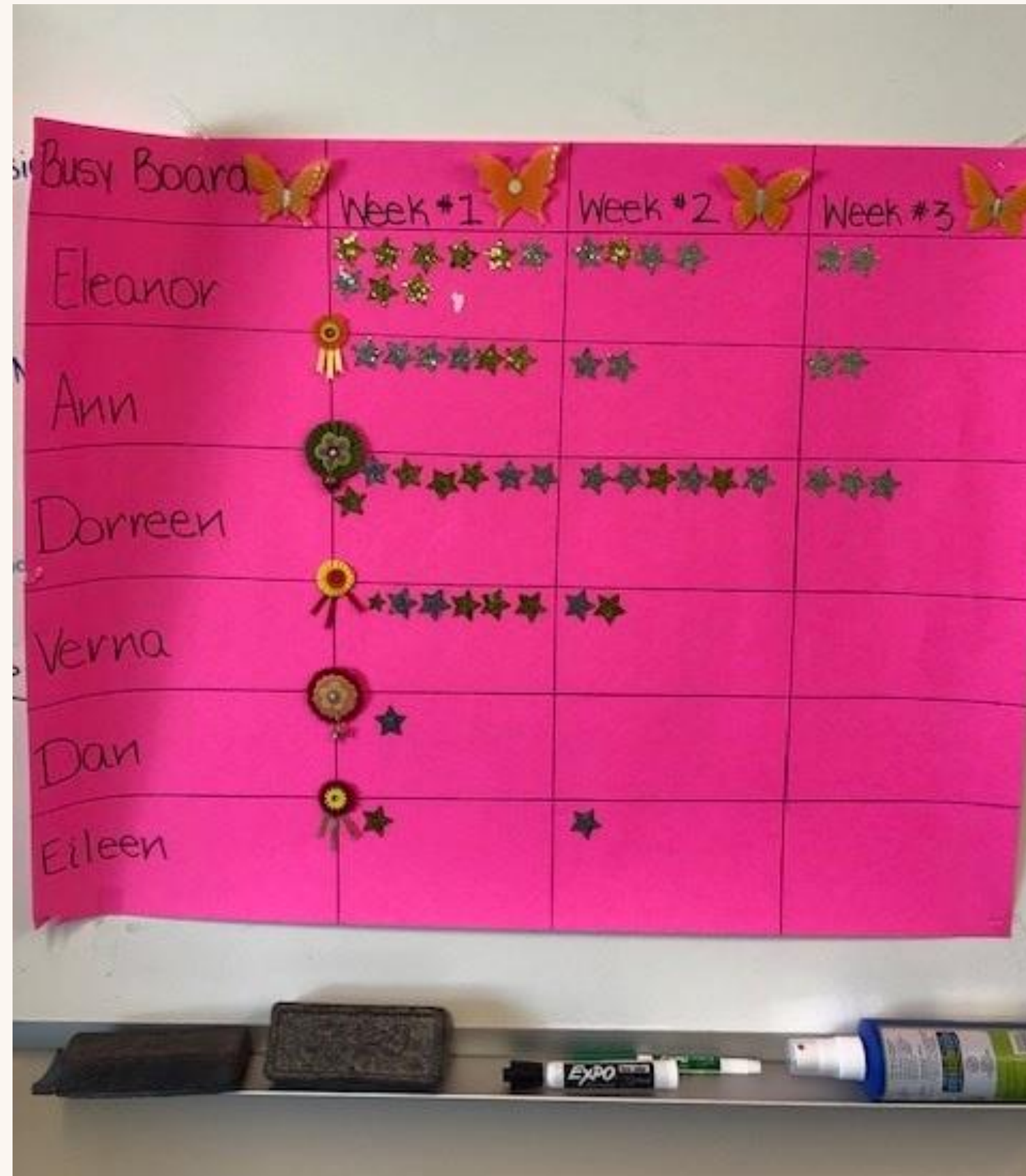
- Stickers to track if job board was used



# MAKING A RUN CHART: DATA COLLECTION

## Process Measure

- Stickers to track if job board was used

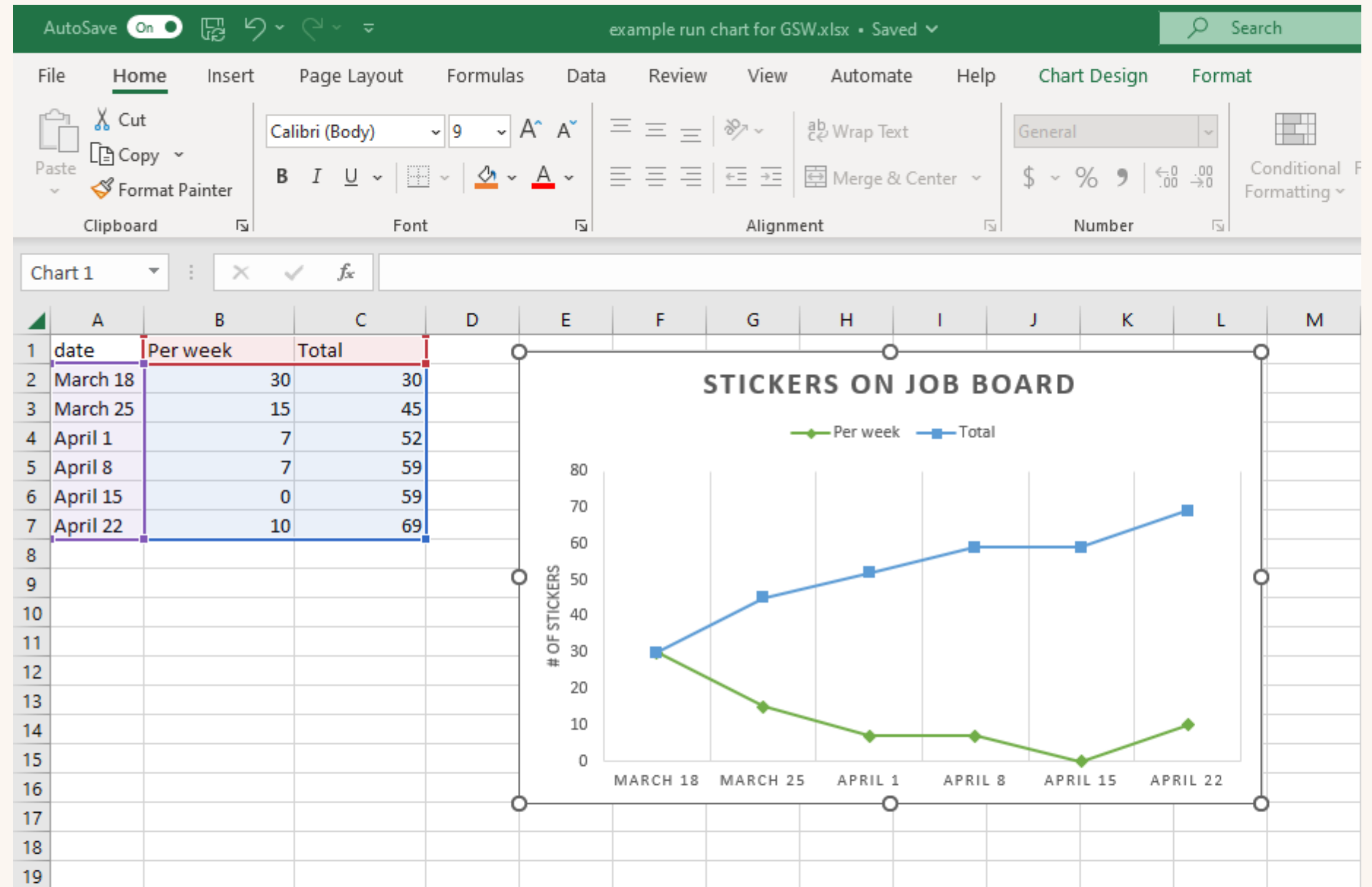




# MAKING A RUN CHART: EXCEL

## Process Measure

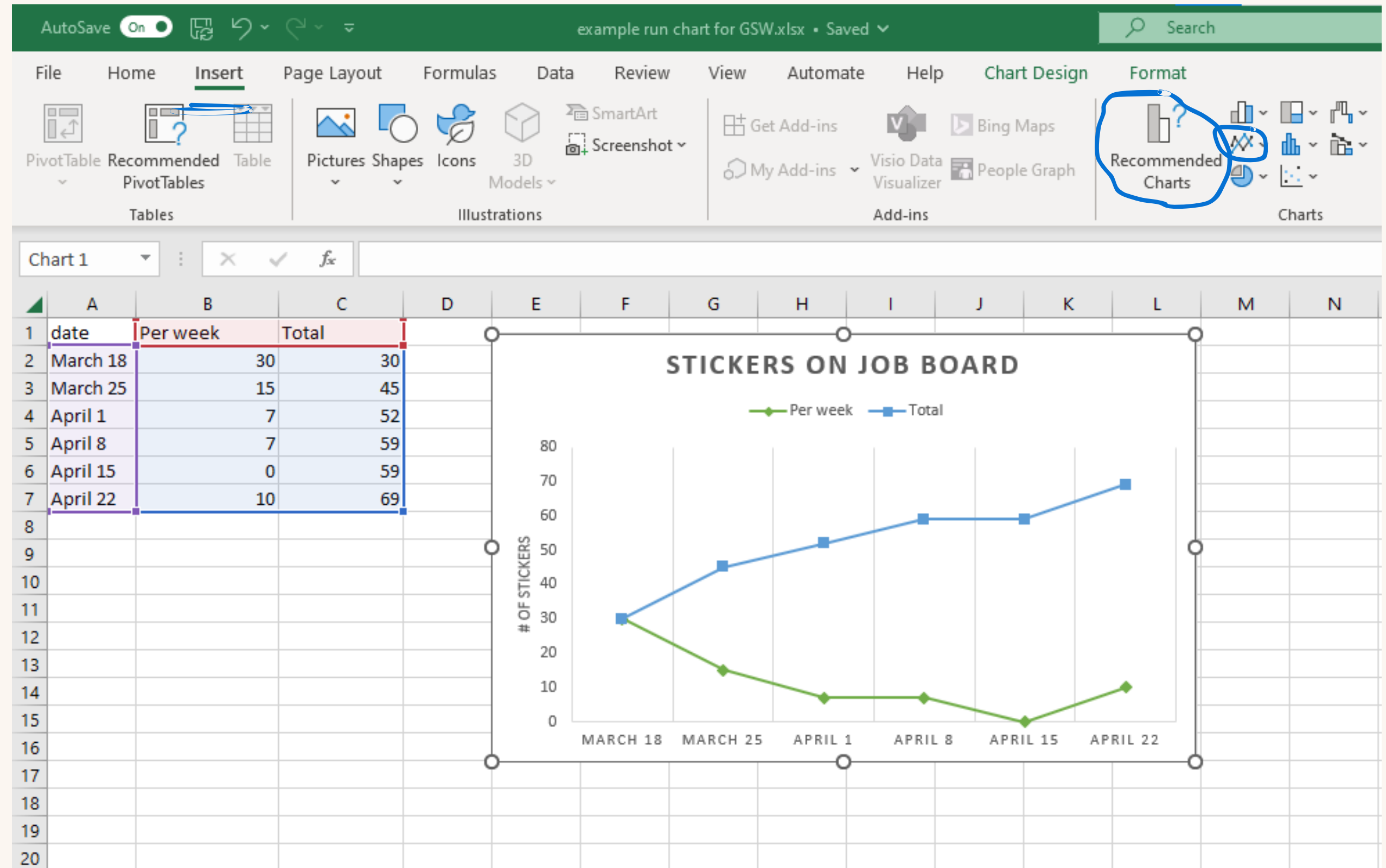
- Stickers to track if job board was used



# MAKING A RUN CHART: EXCEL

## Process Measure

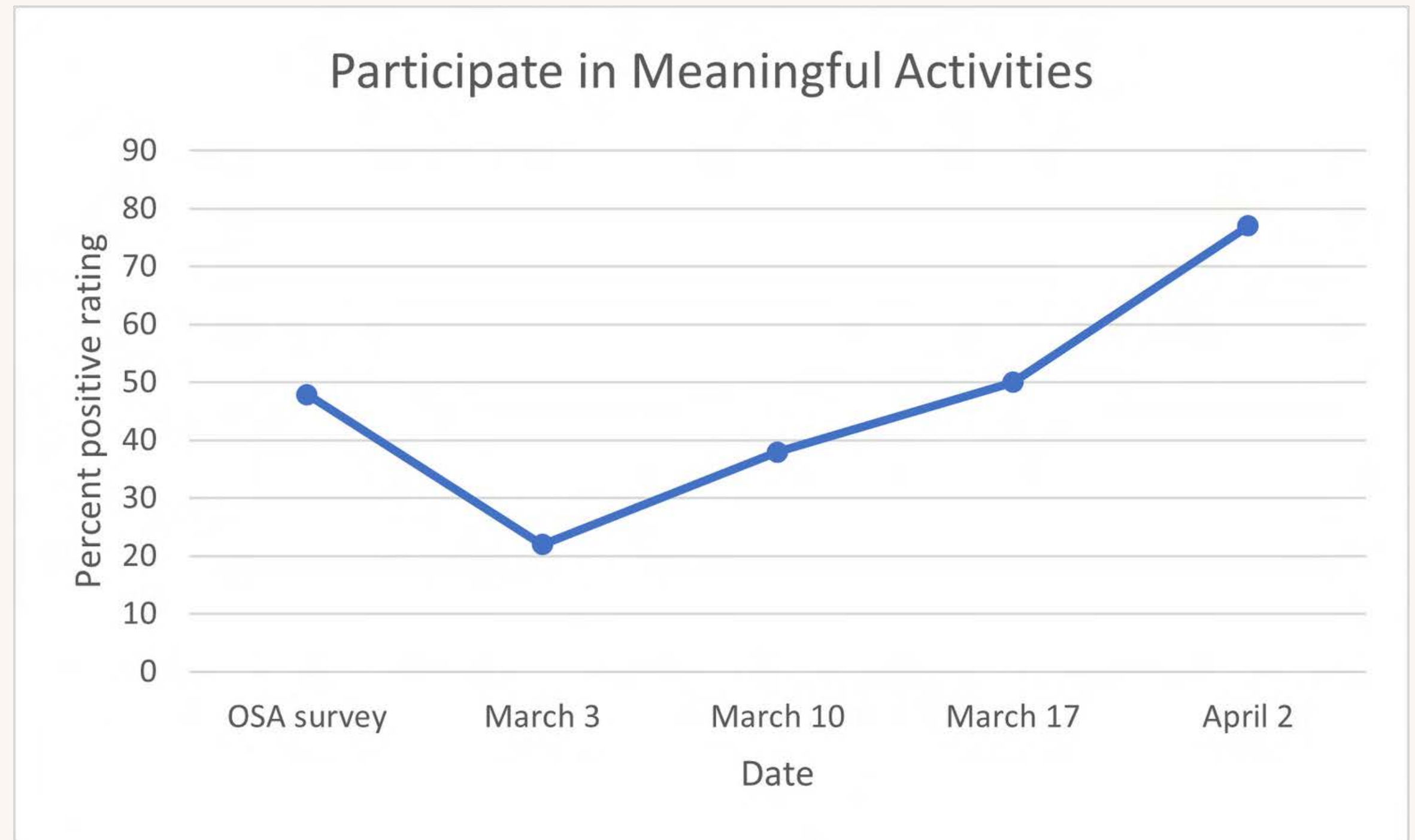
- Stickers to track if job board was used



# USING A RUN CHART

## Outcome Measure

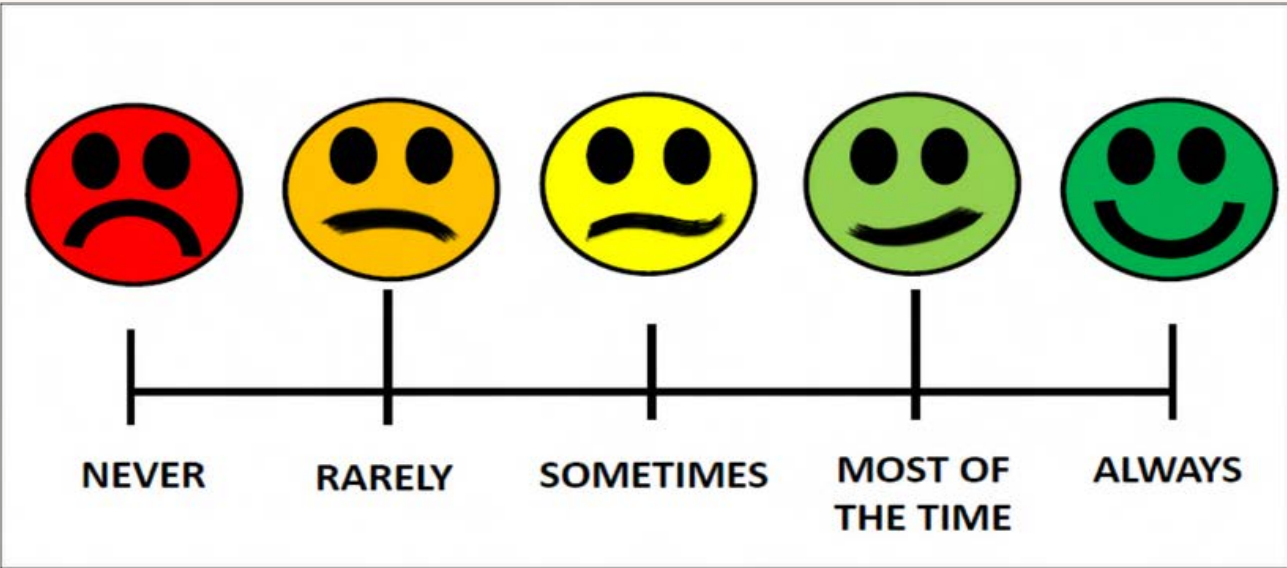
Asking residents, “did you feel you participated in meaningful activities in the past week?”



# MAKING A RUN CHART: DATA COLLECTION

Outcome Measure

Asking residents, “did you feel you participated in meaningful activities in the past week?”



**1=NEVER, 2=RARELY, 3=SOMETIMES, 4=MOST OF THE TIME, 5=ALWAYS**

**Did you participate in meaningful activities this week?**

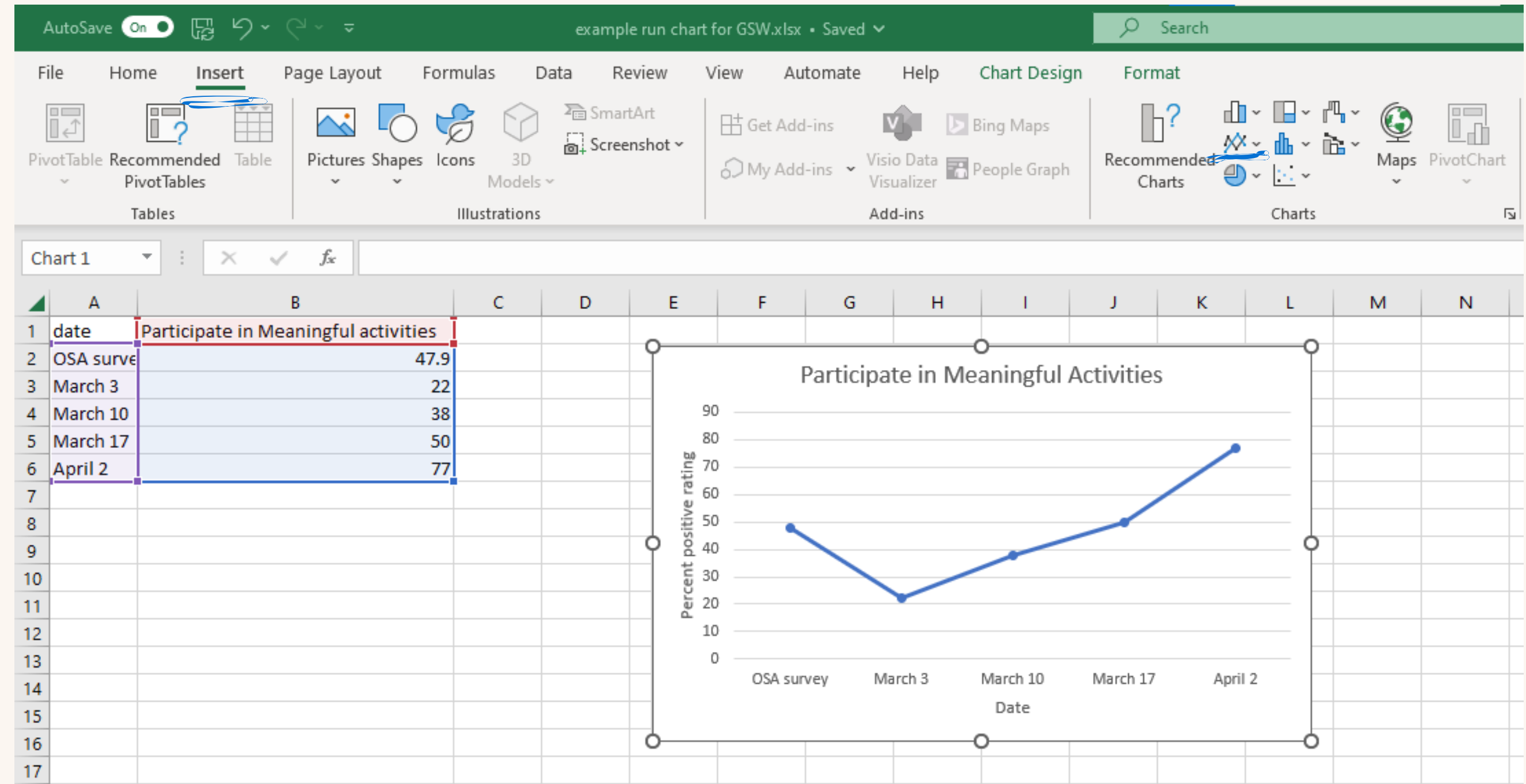
Date	Person in care	Response (1-Never, 5-Always)
March 10 <sup>th</sup>	Matthew	2
March 10 <sup>th</sup>	Kirsten	2
March 10 <sup>th</sup>	Monica	3
March 10 <sup>th</sup>	Amanda	4
March 10 <sup>th</sup>	Michelle	5



# MAKING A RUN CHART: EXCEL

## Outcome Measure

Asking residents, “did you feel you participated in meaningful activities in the past week?”



# PDSA CYCLE

page 22 in toolkit

P

Plan.

- Write down your goal
- What change idea are you implementing?
- Who are you focused on? (i.e., one neighborhood)
- Who is collecting your data and how often?

D

Do.

- Determine your baseline
- Implement your change idea
- Document any problems or unexpected observations
- Collect data

S

Study.

- Analyze your data and summarize what you learned.

A

Act.

- Adopt, adapt or abandon
- Based on what you decided, make a plan for your next steps.

## PLAN

**Goal:** To increase # of residents who have had a favourite food by June 1st, 2024.

**Change idea:** Implement resident food council and discuss menu item change requests and plan monthly events around food

**Focus:** Members of the food council

**data collection:** Don will keep attendance at food council meetings and survey each member for if they got their favourite foods that month

**What is being collected:**  
# of residents at food council meetings  
% of food council members that got their favourite foods that month

**How often is it being collected:** monthly

**How will it be illustrated:** run chart

## DO

**Baseline:**

Our OSA data indicated 44.8% of residents 'get favourite foods'

**May:** Don will ask residents who would like to be part of the resident food council which will serve as the voice for menu changes/suggestions

**May:** 0/12 residents indicated they got their favourite food

**Date to start implementation:** June

**Date to reassess outcome measure:** monthly

**Observations:** some residents had trouble recalling if they got their favourite foods so we created a board in the meeting area with a list of council members and 3-5 of their favourite foods so we could cross reference.

## ACT

**What are your next steps?:**

**Adopt:** We saw really great results so we want to try and expand/recruit more residents to be a part of the food council

## STUDY

**How did it go?:** Resident food council was a success, we had great discussion each month around what food they want added or taken away from the menu. We even found a solution for 'soggy toast' by adding toasters to each dining room.

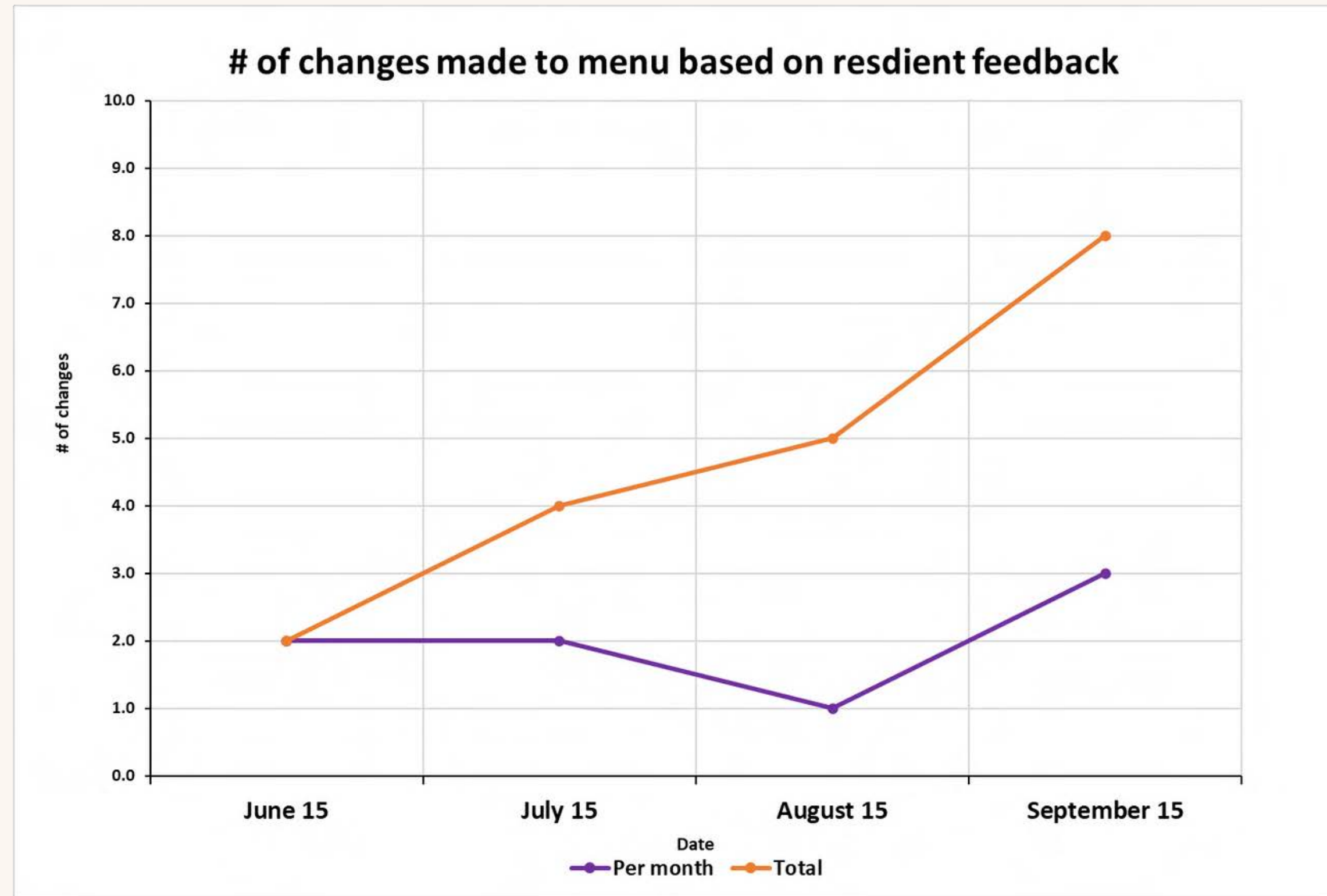
**Did your outcome improve:** Yes, we started at 0% of council members getting their favourite foods and now we are over 80%

**If no improvement, why do you think this is the case?:** We did have improvement! :)

# USING A RUN CHART

## Process Measure

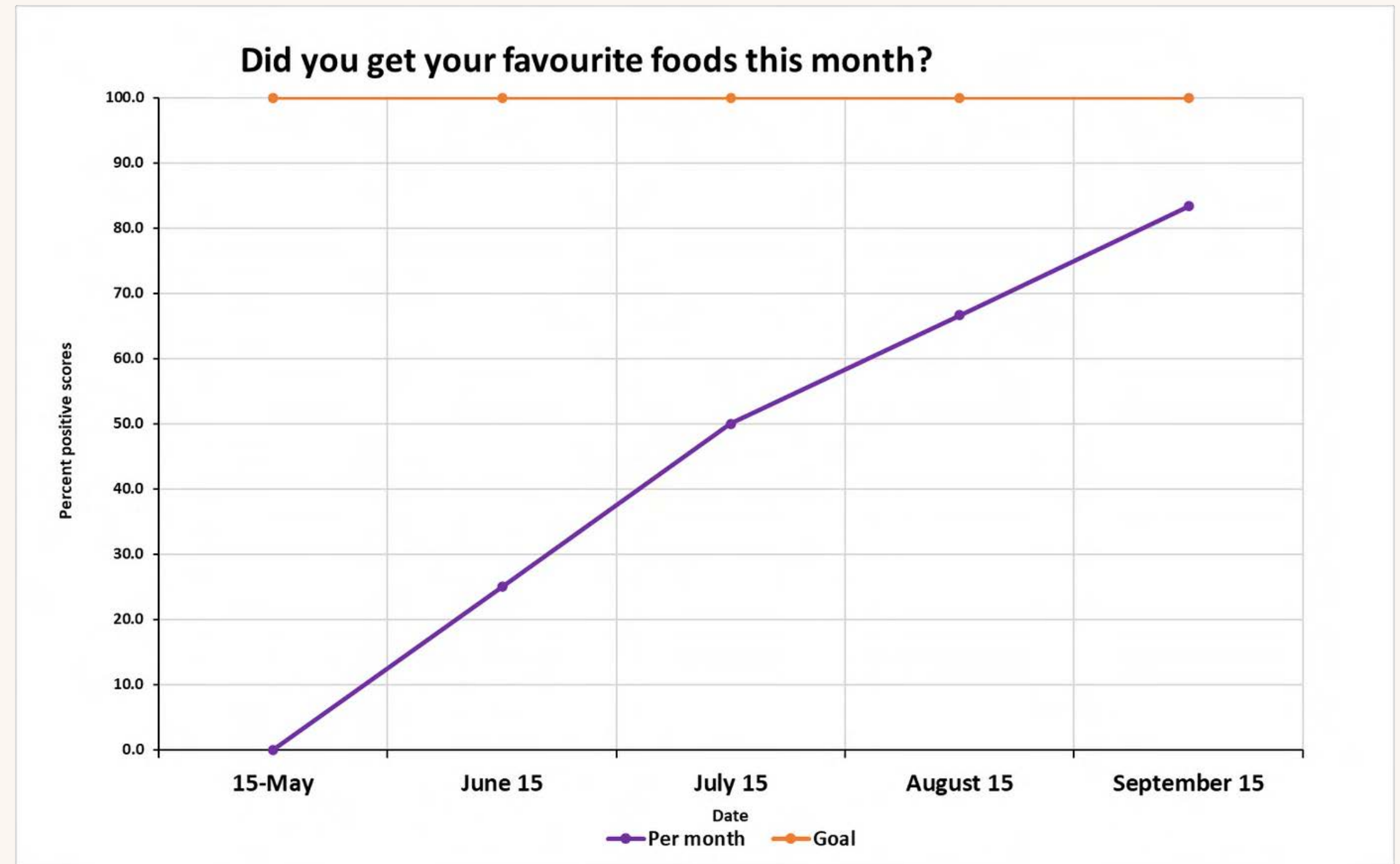
# of changes made to food menu based on resident feedback



# USING A RUN CHART

## Outcome Measure

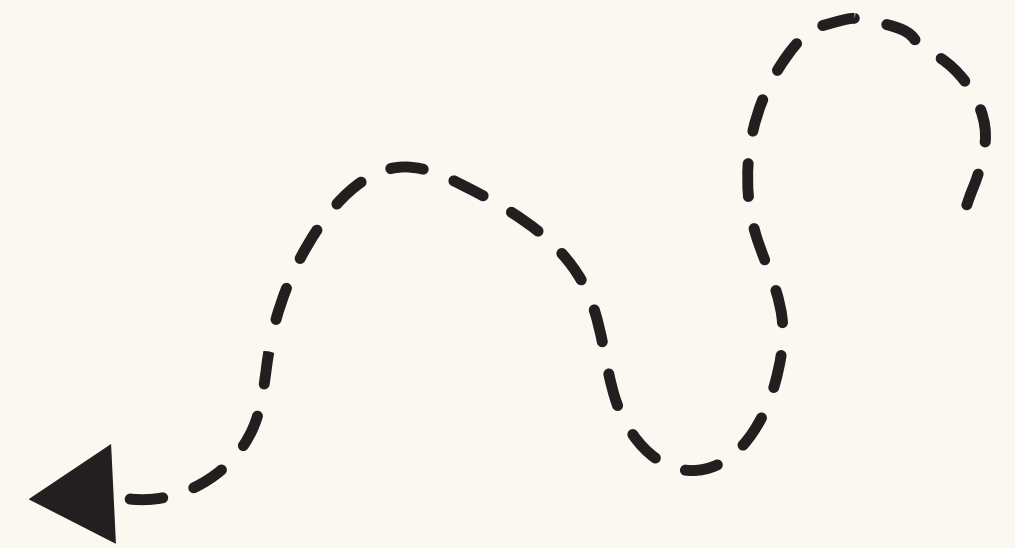
what percentage of residents  
said they had their favourite  
food each month







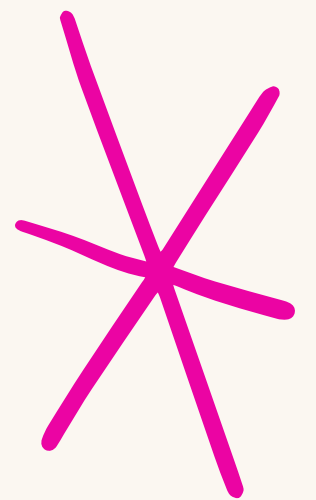
# GROUP BRAINSTROM



*\*\*Complete page 21 in your toolkit*

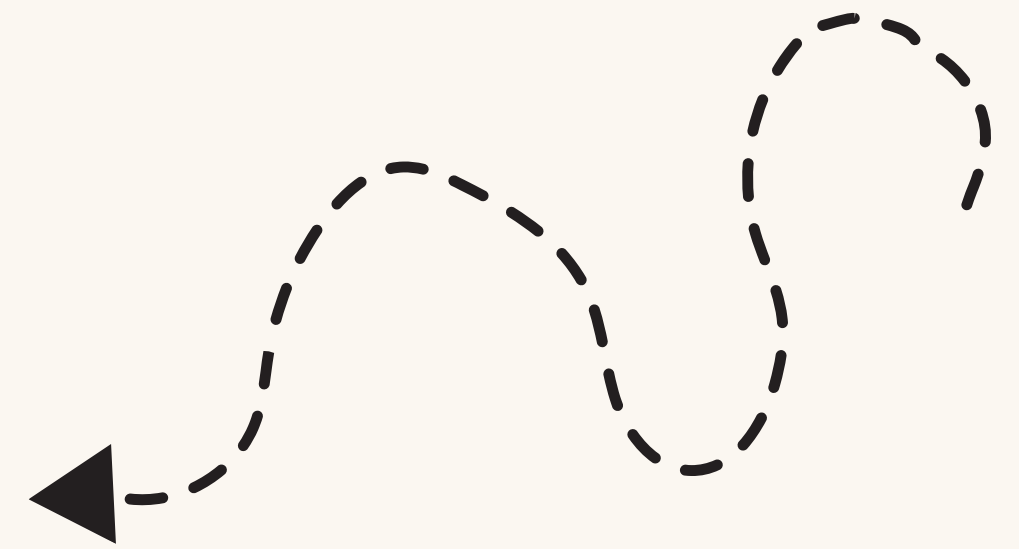
*\*\*Fill out your PDSA cycle as best as you can  
(page 22)*

*\*\*Practice charting your process and  
outcome measures (pages 23-24)*

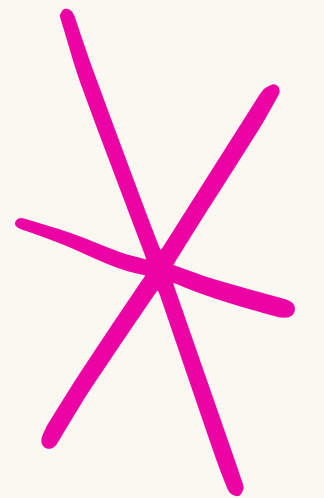




# PRESENT YOUR PROJECT



*Volunteers to share your PDSA cycle?*



# SUMMARY

1

## GET YOUR TEAM INVOLVED



Share your goal with key members of your team

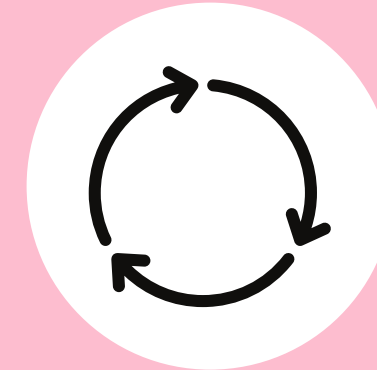


Refine your goal based on your team's input



Define change ideas, key steps, roles and measurement tools

2



## MAKE A PLAN

Plan.  
Do.  
Study.  
Act.

3

## TRACK YOUR PROGRESS



Measure your goal



Share feedback

4

## CELEBRATE YOUR SUCCESSES!





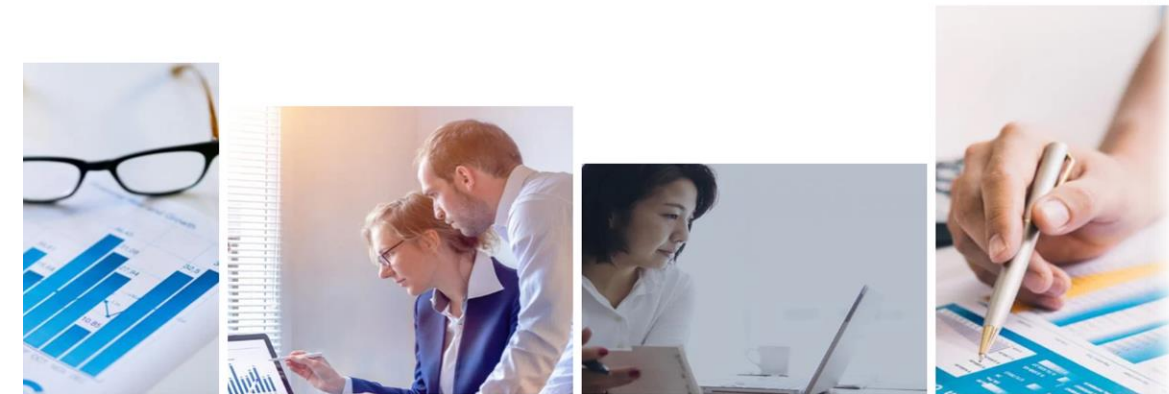
# Other ways to work with your data

- All data has been uploaded to the Ministry's central data warehouse, HealthIdeas; the OPCM can assist with analysis/secondary analysis
- The [OPCM](#) will add a LTC Tab in our web-based reporting platform, [The DART \(Dynamic Analysis Reporting Tool\)](#)
- The LTC *interRAI* + BC Resident & FFV Survey instruments and metadata/supporting materials are available for use in whole or part until 2027 (see restrictions and obligations of use terms of our license agreement sent with your reports, or contact [jkleissen@providencehealth.bc.ca](mailto:jkleissen@providencehealth.bc.ca) )

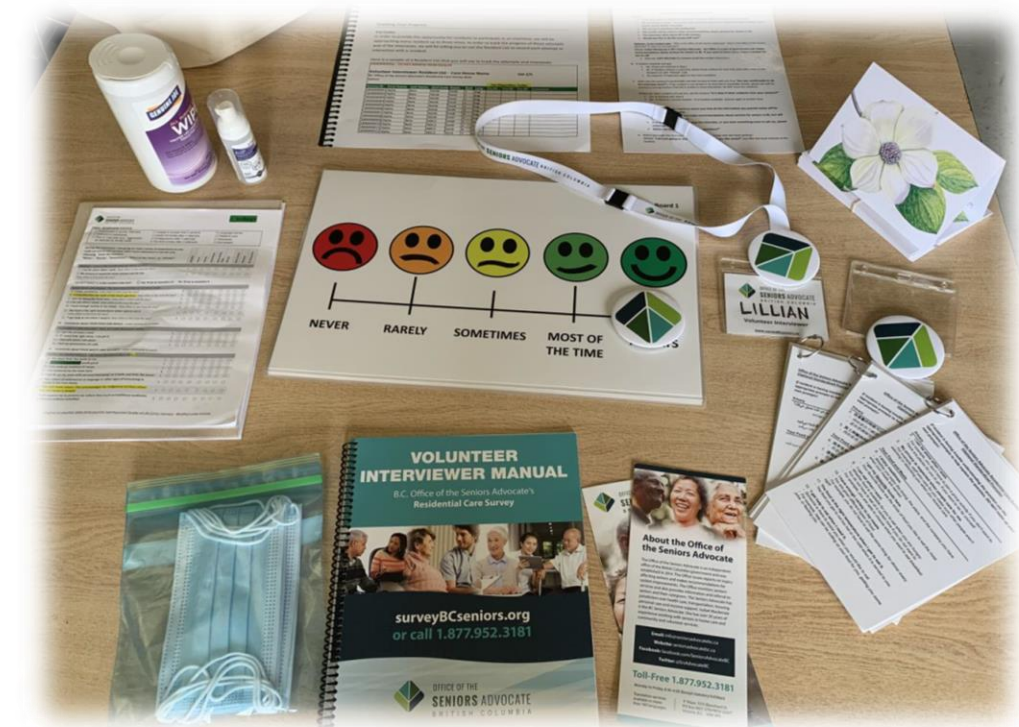


ABOUT US SURVEYS TOOLS + RESOURCES INDIGENOUS PCM THE DART CONTACT US

Search



## The Dynamic Analysis and Reporting Tool (The DART)

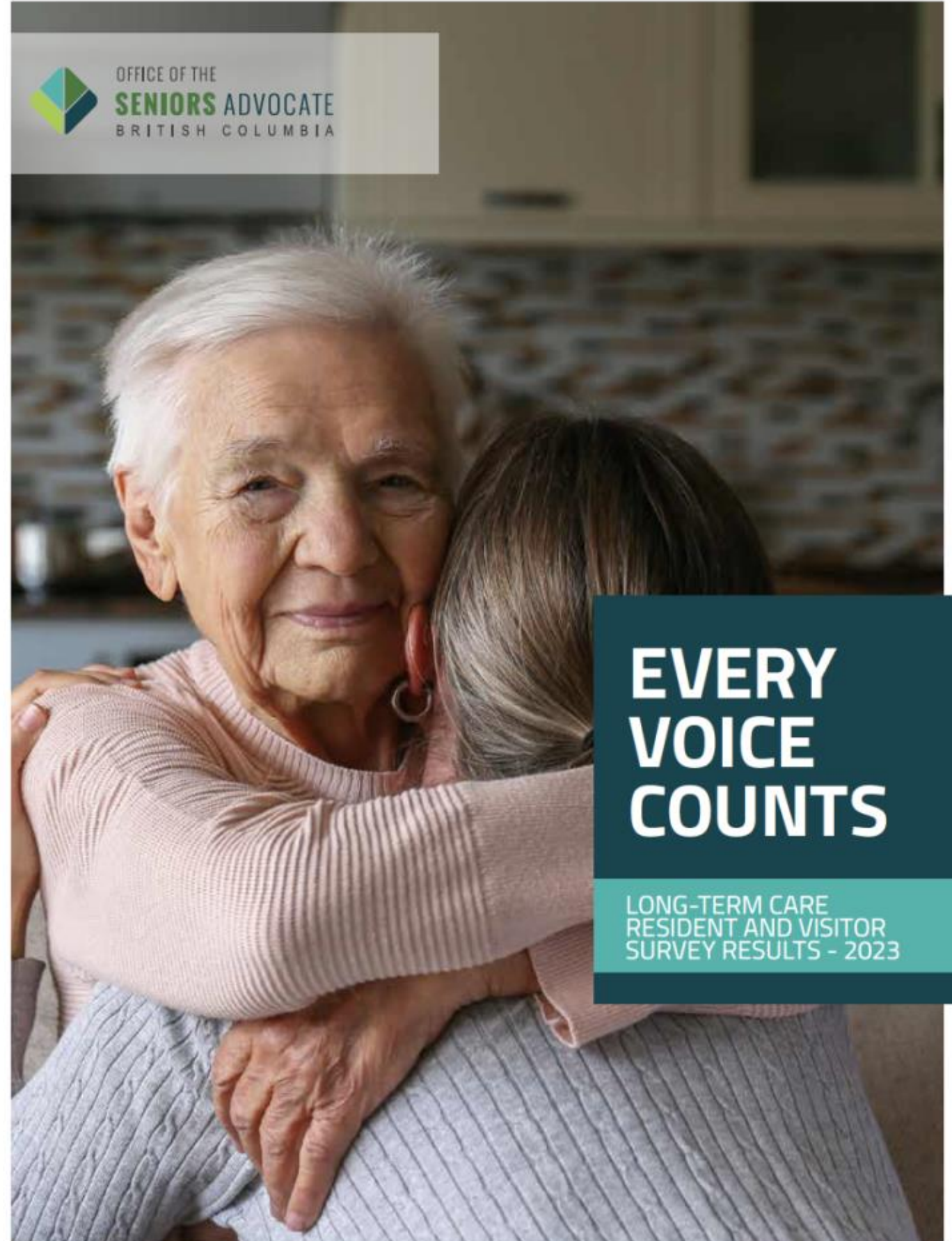




**DAN LEVITT**  
**BC SENIORS ADVOCATE**



OFFICE OF THE  
**SENIORS** ADVOCATE  
BRITISH COLUMBIA





A vertical bar on the left side of the slide, composed of a black bar and a series of colored squares (teal, blue, brown, orange, green, red) stacked vertically.

**Great  
teams.  
Great  
work.**

**THANK  
you!**